

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16422
State File No. 2063

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 3278	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 1515 Oak	

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) L.	c. (Last) Dobbe	4. DATE OF DEATH (Month) (Day) (Year) 5 3 52
---	----------------	-----------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 10, 1871	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months	11. UNDER 2 WKS. Days	12. HOURS	13. MIN.
-------------	------------------------	--	--------------------------------	------------------------------------	-------------------------	-----------------------	-----------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13a. FATHER'S NAME Albert August Dobbe	13b. MOTHER'S MAIDEN NAME Alice Norton	14. NAME OF HUSBAND OR WIFE Ella Dobbe
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NY	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 509-16-487	17. INFORMANT'S SIGNATURE OR NAME Charles A. Dobbe	ADDRESS N.C. Mo.
--	---	--	------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident involving right basal ganglia		INTERVAL BETWEEN ONSET AND DEATH 331X
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Primary bronchogenic carcinoma with metastases to mediastinal and cervical nodes		
	II. OTHER SIGNIFICANT CONDITIONS related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from April 22, 1952, to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 9:43A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 5-3-52
---	----------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/6/52	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	------------------	---	--

DATE REC'D BY LOCAL REG. 5-6-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Gotes FUNERAL HOME	ADDRESS N.C. Kansas
---------------------------------	--	---	---------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

28 pages

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Jimmy S. Huchborn*
Licensed Embalmer No. *4092*

P. O. Address *Missouri, Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.