

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17197**

FILED MAY 22 1952

BIRTH NO. _____		REG. DIST. NO. 200	PRIMARY REG. DIST. NO. 5725	Registrar's No. 51
1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. LENGTH OF STAY (In this place) 2yrs-19da	c. CITY (If outside corporate limits, write RURAL and give township) Columbia 0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth San		d. STREET ADDRESS (If rural, give location) /		
3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Victoria c. (Last) Dobbs		4. DATE OF DEATH (Month) (Day) (Year) 4-13-1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 11 1866	
9. AGE (In years last birthday) 85		10. MONTHS 10	11. DAYS 2	12. HOURS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Teacher		11. BIRTHPLACE (State or foreign country) Cedar Rapids, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Edward H. Dobbs		
13b. MOTHER'S MAIDEN NAME Jane Jackson		14. NAME OF HUSBAND OR WIFE —		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE AND NAME Mrs. J. K. Zyfer, Columbia, 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260 X		20. AUTOPSY? YES <input 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)		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 March 24, 1952 , to April 12, 1952 , that I last saw the deceased alive on April 13, 1952 , and that death occurred at 3 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Anna L. Mauck D.O.		23b. ADDRESS Macon Mo		23c. DATE SIGNED 4-13-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 4-17-52		24c. NAME OF CEMETERY OR CREMATORY Vandalia Crematory St. Louis, Mo
24d. LOCATION (City, town, or county) (State) Columbia Mo		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Carver Funeral Service, Columbia Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

2611 O

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APR 22 1952

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RECEIVED 5.9.52
MASON COUNTY HEALTH DEPARTMENT

8961 & County File No. 5.52.92
Date Filed 5.9.52

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, ~~and~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Carrene M. Bilbo*
Licensed Embalmer No. *4375*

P. O. Address *Columbia, Mo.*

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.