

FILED AUG 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23595

BIRTH NO. _____		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>5099</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Bates</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Hume RURAL</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Bates</u>	
c. LENGTH OF STAY (In this place) <u>35 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hume RURAL</u>		d. STREET ADDRESS <u>Route 1 Walnut Township</u>		e. CITY (If rural, give location) <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 Walnut Township</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1 Walnut Township</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>William</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>Dabbs</u>	Month <u>August</u>	Day <u>4th</u>	Year <u>1952</u>	male <u>0</u>	6. COLOR OR RACE <u>white</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 16 1883</u>		9. AGE (In years last birthday) <u>69</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Dabbs</u>		13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Dabbs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Wisdom</u>		17. ADDRESS <u>Hume Missouri</u>		18. CAUSE OF DEATH			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>		Interval <u>3 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Hume Bates Missouri</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Aug 4</u> , 19 <u>52</u> , and that death occurred at <u>3:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. H. Allen M.D.</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>Aug 4</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 6 1952</u>		24c. NAME OF CEMETERY OR CREMATORIX <u>Independence</u>		24d. LOCATION (City, town, or county) (State) <u>Hume Bates Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 6</u>		REGISTRAR'S SIGNATURE <u>Fernand H. Martin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>TOB EDEN FUNERAL HOME</u>		ADDRESS <u>PLEASANTON KANSAS</u>	

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

9070  
1

(Licensed Embalmer's Statement on Reverse Side)

1916  
30.12.1916

**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, Earl

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Earl Fomden

Licensed Embalmer No. 3587

P. O. Address Pleasanton 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.