No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37418

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 172

1082

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada
c. LENGTH OF STAY (in this place) 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada 1082
d. STREET ADDRESS (If rural, give location) 301 1/2 W. Austin

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) C c. (Last) Bobbett

4. DATE OF DEATH (Month) 10 (Day) 22 (Year) 52

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 31 May 1872
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and State or Foreign Country) Lamar, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Kohler
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Edward C Bobbett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Nevada Hospital ADDRESS Nevada M

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis c̄ Decompensation — INTERVAL BETWEEN ONSET AND DEATH One year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension. — Dont Know

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION non
19b. MAJOR FINDINGS OF OPERATION none 443X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada - Vernon Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Oct 8, 1952, to Oct 22, 1952, that I last saw the deceased alive on Oct 22, 1952 and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W S Love MD
23b. ADDRESS Nevada, Mo
23c. DATE SIGNED Oct 27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 25 1952
24c. NAME OF CEMETERY OR CREMATORY Deepwood
24d. LOCATION (City, town, or county) (State) Nevada, Missouri

DATE REC'D BY LOCAL REG. 11-3-52
REGISTRAR'S SIGNATURE Anna E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eichinger Funeral Home, Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Richard L. Shaten

Licensed Embalmer No. 4532

P. O. Address Nevada, 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.