

FILED FEB 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3946**
Registrar's No. **155**

XC-1429 42 02
RN 10641

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Broseley	
c. LENGTH OF STAY (in this place) 45 days		d. STREET ADDRESS (If rural, give location) Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) H. c. (Last) Dobbs			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4-4-08
9. AGE (In years last birthday) 47		10. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Poe, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles F. Dobbs		13b. MOTHER'S MAIDEN NAME Nancy Spencer	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 546-14-8477	
(If yes, give war or dates of service) WWII		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis right pulmonary artery		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, healing rt. calcaneus Fracture compression T-8 and T-9			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES 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) 012			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		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 Dec. 21, 1955 , to Feb. 4, 1956 , and that death occurred at 6:10pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ernest M. Tapp, M.D., Manager		23b. ADDRESS VAH, Poplar Bluff, Mo.	
23c. DATE SIGNED 2-6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-56	
24c. NAME OF CEMETERY OR CREMATORY Brown Chapel Cem.		24d. LOCATION (City, town, or county) (State) Brosley, Mo.	
DATE REC'D BY LOCAL REG. 2/17/56		25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell Poplar Bluff, Mo.	

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

RECEIVED
FEB 15 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Licensed Embalmer No. 4514

P. O. Address 412 ...
poplar Blk

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.