

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 40852BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5226 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Pleasant Twp</u>		c. LENGTH OF STAY (in this place) <u>69 yrs</u>	c. CITY OR TOWN <u>Belton</u> <u>0190</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi W & 2 mi S of Belton</u>		STREET ADDRESS (If rural, give location) <u>3 mi W & 2 mi S. Belton Farm</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u>		b. (Middle) <u>E.</u>	c. (Last) <u>Dobson</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>12 7 56</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>5-7-87</u>		9. AGE (In years last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cass County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Lamar</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Belle Baker</u>	
14. NAME OF HUSBAND OR WIFE <u>Ed. M. Dobson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.M. Dobson, Belton, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	
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>Belton (Cass) Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>5-21-1956</u> to <u>12/7/56</u> , that I last saw the deceased alive on <u>Nov. 29, 1956</u> and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>L. Raymond Hall, D.O.</u>		23b. ADDRESS <u>926 E. 11th St. K.C., Mo.</u>	
23c. DATE SIGNED <u>12/9/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bryant Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Belton, Missouri</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. George & Sons Inc. Belton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>15, 1956</u>		REGISTRAR'S SIGNATURE <u>Pauline Anderson</u>	

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

5—Furnished Embalmer's Statement on Reverse Side

JUN 25 1958

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.....
Signature of Student Embalmer

Signed *Sterling E. Goddard*
Licensed Embalmer No. *4911*

P. O. Address *Grandview*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.