

Health, Welfare, Public Service

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Director, coronary, etc., must use only standard nomenclature in item 18. No symptoms with or without diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20199
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 716

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural: Washington Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>St. Joseph</u>		0117 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>city limits on highway #69</u>				Length of stay in lb <u>6 years</u>		d. STREET ADDRESS (If outside, give location) <u>917 Jackson</u>	
3. NAME OF DECEASED (Type or print) <u>DONALD</u> <u>FREDERICK</u> <u>DOBBERSTINE</u>				4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>1957</u>			
5. SEX <u>0</u> <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 2, 1918</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>night attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>		11. BIRTHPLACE (City and state or country) <u>Hamilton County, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>G. F. Dobberstine</u>				14. MOTHER'S MAIDEN NAME <u>Rose Corwin</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W. #II & Korean</u>		16. SOCIAL SECURITY NO. <u>508-07-8538</u>		17. INFORMANT Address <u>Mrs. D. F. Dobberstine, 917 Jackson Mo. St. Joseph,</u>			
18. CAUSE OF DEATH [Enter only one cause for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock and hemorrhage</u> DUE TO (b) <u>Automobile Collision</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>at once</u> <u>at once</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) <u>car driven by deceased, collided with a large truck (almost head on)</u>					
20c. TIME OF INJURY Hour <u>1:05</u> a. m. <u>6</u> p. m. <u>28-57</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway</u>		20f. CITY, TOWN, OR LOCATION <u>011 Buchanan Mo</u>	
21. I attended the deceased from <u>6:00 p.m. 6-28-57</u> and last saw <u>him</u> <u>at home</u> <u>at 1:05 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. M. J. Melaney, M.D., Buchanan Co Mo</u>				22b. ADDRESS <u>214 Kirkpatrick St. St. Joseph 8, Mo</u>		22c. DATE SIGNED <u>7-2-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7/2/1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Flag Springs Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Andrew County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Heaton-Bowman</u>		ADDRESS <u>St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 3, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>	

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
FEB 23 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, or by, Student Embalmer No. working under my personal supervision. . .

Student
Signature of Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *452*

P. O. Address *719 S. 10th St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.