

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004950

STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 98 Primary Registration District No. 5358 Registrar's No. 33

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |  |  |  |
| a. COUNTY <u>Daviess</u>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Colfax Twp.</u>                         |  | c. CITY OR TOWN <u>Rural-Colfax Twp.</u>   |  | d. STREET ADDRESS (If outside, give location)                                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Colfax Twp.</u>  |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                            |  | c. CITY OR TOWN <u>Rural-Colfax Twp.</u>   |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  | Length of stay in lb <u>18 Yrs.</u>  |  | d. STREET ADDRESS (If outside, give location)  |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)   |  |  |  | 4. DATE OF DEATH   |  |  |  |
| First <u>Carrie</u>   |  | Middle <u>Bell</u>   |  | Last <u>Gall</u>   |  | Month <u>Feb.</u> Day <u>16,</u> Year <u>1958</u>                                  |  |
| 5. SEX <u>Female</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. 21, 1885</u>  |  |
| 9. AGE (In years last birthday) <u>72</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  |  | 11. BIRTHPLACE (City and state or country) <u>Dallas, Texas</u>                    |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |  | 13. FATHER'S NAME <u>David Dobbins</u>   |  | 14. MOTHER'S MAIDEN NAME <u>Margaret McGee</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>No</u>  |  | 17. INFORMANT <u>Wayne Gall</u>  |  | Address <u>Hamilton, Mo.</u>   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]   |  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac infarction</u>  |  |  |  |  |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |  |  |  |  |  |  |
| DUE TO (b) _____  |  |  |  |  |  |  |  |
| DUE TO (c) _____  |  |  |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertensive heart disease</u>   |  |  |  |  |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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>4201</u> |  |  |  |  |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m.   |  |  |  |  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                    |  | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY _____ STATE _____   |  |
| 21. I attended the deceased from <u>Feb 1, 1958</u> , to _____ and last saw her alive on <u>Feb 15<sup>th</sup></u> . Death occurred at <u>5:40 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |  |  |  |  |
| 22a. SIGNATURE <u>H. F. Felker D.O.</u> (Degree or title)   |  |  |  | 22b. ADDRESS <u>Hamilton, Mo.</u>  |  | 22c. DATE SIGNED <u>2/17/58</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 23b. DATE <u>2-18-58</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State) <u>Kidder, Mo.</u> |  |  |
| 24. FUNERAL DIRECTOR <u>Morris A. Bram</u> ADDRESS <u>Hamilton, Mo.</u>   |  |  | 25. DATE RECD. BY LOCAL REG. <u>2-24-58</u>  |  | 26. REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>           |  |  |

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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.....  
*Morris A. Brown*

Licensed Embalmer No. *39*

P. O. Address *Hamilton*

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.