

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017093
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nike Memorial</u>		Length of stay in 1b <u>3 hrs. 8 min.</u>	500 ft. STREET ADDRESS (If outside, give location) <u>642 E. 44th St. N</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Baby Girl</u> Middle <u>Dobbins</u> Last <u>Dobbins</u>			4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 6. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 30, 1959</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>3</u> Min. <u>8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>N. K. C., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>6</u>
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13a. FATHER'S NAME <u>Tim J. Dobbins</u>	13b. MOTHER'S MAIDEN NAME <u>Carolyn Joyce Glick</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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>none</u>	17. INFORMANT <u>Jim J. Dobbins</u> Address <u>642 E. 44th St. N. KC. 16, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure - acute.</u> DUE TO (b) <u>Pneumonia - bacterial.</u> DUE TO (c) <u>Etiology Unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7630</u>		INTERVAL BETWEEN ONSET AND DEATH
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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.)
20c. TIME OF INJURY Hour <u>9 p.m.</u> Month, Day, Year	

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 <u>CLAY Co</u>	COUNTY	STATE
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21. Attended the deceased from 5-20-59 to 5-30-59 and last saw her alive on 5-30-59
Death occurred at 9 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Melvin Longmire M.D.</u> (Degree or title)	22b. ADDRESS <u>10 Lawrence St 16 Mo</u>	22c. DATE SIGNED <u>6-1-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-2-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel M. H.</u>	23d. LOCATION (City, town, or county) (State) <u>CLAY Co Mo</u>
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24. FUNERAL DIRECTOR <u>D. W. Newcomer</u>	ADDRESS <u>832 Arrow St. N. K. C.</u>	25. DATE RECD. BY LOCAL REG. <u>6-2-59</u>	26. REGISTRAR'S SIGNATURE <u>Marjorie Hudgens</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *John V. Herrick*
Licensed Embalmer No. *4848*
P. O. Address *K. R. no.*

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.