URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-019210

FILED VS MAY 16 1960

Registration District No. 140 Primary Registration District No. 5546 Registrar's No. 51

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin township — Length of stay in 1b 82 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Franklin, Mo. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howard
c. CITY OR TOWN Franklin — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Route 1 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Everett Middle G Last Bobbitt

4. DATE OF DEATH Month May Day 9 Year 1960

5. SEX Male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Aug 3, 1877

9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (City and state or country) Howard County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Enoch Bobbitt

13b. MOTHER'S MAIDEN NAME Dora Kivett

14. NAME OF HUSBAND OR WIFE Eva Lowe Bobbitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Eva Bobbitt Address Franklin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma prostate — INTERVAL BETWEEN ONSET AND DEATH 1 yr
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 1960, to May 9 and last saw her/him alive on May 9, 1960
Death occurred at 9 30/pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M. Leed MD

22b. ADDRESS Fayette, Mo

22c. DATE SIGNED 5/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE May 11, 1960

23c. NAME OF CEMETERY OR CREMATORY Boonesboro Cemetery

23d. LOCATION (City, town, or county) Howard County (State) Mo.

24. FUNERAL DIRECTOR Markland Hall ADDRESS New Franklin, Mo.

25. DATE RECD. BY LOCAL REG. 5-13-60

26. REGISTRAR'S SIGNATURE Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER JUN 7 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Tom D. Markland
Signature of Student Embalmer

Licensed Embalmer No. 4592

P. O. Address New Frankl

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