

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

-60-030517

4129

STATE FILE NUMBER

Registration-District-No. 149 Primary Registration District No. 1001 Registrar's No. 4129

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Mo.		b. COUNTY Tany	
Length of stay in lb 3 wks		c. CITY OR TOWN Hollister		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital				d. STREET ADDRESS none		(If outside, give location)	
3. NAME OF DECEASED (Type or print) First MRS. MINNIE Middle DOBSON Last DOBSON				4. DATE OF DEATH Month Aug. Day 9 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing		11. BIRTHPLACE (City and state or country) Hume, Missouri		12. CITIZEN OF WHAT COUNTRY U.S./A/	
13a. FATHER'S NAME Thomas Wm. McClellon		13b. MOTHER'S MAIDEN NAME Jane Naff		14. NAME OF HUSBAND OR WIFE Walter Dobson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 196-32-5278		17. INFORMANT Mrs. Ruth Loyd- 3335 Campbell			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Artery Thrombosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		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		COUNTY	STATE
21. I attended the deceased from <u>July 18-1960</u> , to <u>Aug 9-1960</u> and last saw her/him alive on <u>8-9-60</u> Death occurred at <u>7 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Braham J. Geha MD				22b. ADDRESS 751 E 63rd St		22c. DATE SIGNED 8/10/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-11-60	23c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery		23d. LOCATION (City, town, or county) (State) Cowgill, Missouri		
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home 1800 E. Linwood Blvd.				25. DATE RECD. BY LOCAL REG. 8-11-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Braham J. Geha**

Brecher D.
Dr. Goldman
will sign I believe
Menorah Ho

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale E. Maitland

Licensed Embalmer No. 5108
P. O. Address Shawnee

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