

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031458

FILED VS. SEP 7 1960

243

Registration District No. 583

Registrar's No. 33

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin		Length of stay in 1b Life		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Stella, Mo. R#1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Daniel Middle Onel Last Dabbs				4. DATE OF DEATH Month July Day 14 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-17-1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 9 Days 27	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Stella, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Calvin Dabbs			13b. MOTHER'S MAIDEN NAME Rosa Davidson			14. NAME OF HUSBAND OR WIFE Faye Dabbs			
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. 488-20-2418		17. INFORMANT Address Faye Dabbs Stella, Mo. R#1					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION							INTERVAL BETWEEN ONSET AND DEATH UNKNOWN		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)						
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 7-14-60 to 7-14-60 and last saw him alive on never Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C.R. Ashman D.D. (Degree or title)				22b. ADDRESS Stella, Mo.			22c. DATE SIGNED 7-19-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-10-60	23c. NAME OF CEMETERY OR CREMATORY Macedonia Cem.		23d. LOCATION (City, town, or county) (State) Stella, Mo.				
24. FUNERAL DIRECTOR W. Morris Topp ADDRESS Wheaton				25. DATE RECD. BY LOCAL REG. 7-22-60		26. REGISTRAR'S SIGNATURE Michael Moherly			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 _____
Signature of Student Embalmer

Signed James Kenyth Dues

Licensed Embalmer No. 4767

P. O. Address Wheaton

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.