

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013165

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3410 STATE FILE NUMBER

FILED APR 8 1963

VS 300 Rev. 4/59

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820-271

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 2 1/2 Mo.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Ill. b. COUNTY Jersey
 c. CITY OR TOWN Jerseyville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lester Middle -- Last Dabbs
 4. DATE OF DEATH Month March Day 23 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8-29-90 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
 10b. KIND OF BUSINESS OR INDUSTRY Self-employed
 11. BIRTHPLACE (City and state or country) Jersey City Ill.
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Linly Dabbs 13b. MOTHER'S MAIDEN NAME Rosetta Johnson 14. NAME OF HUSBAND OR WIFE Mrs. Ella Dabbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Ella Dabbs Jerseyville, Ill.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Head injury; Bilateral Pneumonitis; suffered in auto accident in the vicinity of Jerseyville, Illinois on or about 12/21/62. INTERVAL BETWEEN ONSET AND DEATH
 DUE TO (b) on or about 12/21/62.
 DUE TO (c) CAUSE AND MANNER COULD NOT BE DETERMINED.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Open Verdict
 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.) 825.4-33

20c. TIME OF INJURY Hour Open Verdict Month 12 Day 21 Year 62
 a.m. p.m.

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.) Highway 7E
 20f. CITY, TOWN, OR LOCATION Jerseyville, Illinois COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
 Death occurred at 1:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Nelson L. Taylor, Coroner 22b. ADDRESS 1300 Clark Ave 22c. DATE SIGNED 3-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-24-63 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) Jerseyville, Ill. (State)

24. FUNERAL DIRECTOR ADDRESS Jacoby Bros. Jerseyville, Ill. 25. DATE RECD. BY LOCAL REG. MAR 25 1963 26. REGISTRAR'S SIGNATURE Lead Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

ONE

ONE

ONE

Head injury; bilateral fracture of the skull; also in the vicinity of the skull; also in the vicinity of the skull.

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 _____

Frank Cross

Licensed Embalmer No. 4356

P. O. Address St. Louis Mo.

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.