

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 899

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2
b

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 617 Benton	
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Thomas	
c. (Last) Dotson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 10, 1872
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 3 Days 10	IF UNDER 24 HRS. Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal & Wood Dealer		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Greene County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John E Dotson	
13b. MOTHER'S MAIDEN NAME Ellem Youngblood		14. NAME OF HUSBAND OR WIFE Edna Vanquilla Dotson, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Hurst, 628 N. Main,		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) My permanent Cardio-vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Hemiplegia	
INTERVAL BETWEEN ONSET AND DEATH _____		19. DATE OF OPERATION None	
19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan. 23, 1949 , to Jan. 30, 1949 , that I last saw the deceased alive on Jan. 30, 1949 , and that death occurred at 2 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edward Marcus M. M.		23b. ADDRESS 622 Woodruff Bldg.	
23c. DATE SIGNED 1/31/49		(State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 1, 1949	
24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or county) Springfield	
DATE RECD BY LOCAL REG. 2-1-49		REGISTRAR'S SIGNATURE W. L. Dunn	
25. FUNERAL DIRECTOR'S SIGNATURE W. L. Dunn		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed..... *H. L. McCann*

Signed.....
Student Embalmer

Licensed Embalmer No. *2727*

P. O. Address *Springfield Mass*

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 this body is not embalmed, fact should be so stated above.