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FILED FEB 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4398

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>55 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buffalo, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harley</u> b. (Middle) <u>Albert</u> c. (Last) <u>Dotson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Jan. 8-1899</u>
9. AGE (In years last birthday) <u>55</u> 10. MONTHS <u>12</u> 11. DAYS <u>12</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher School</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	

13a. FATHER'S NAME <u>Wm Dotson</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca P. Dotson</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Dotson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Dotson Buffalo, Mo.</u>	

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) <u>Bilateral Pulmonary Tuberculosis 3-4 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 yrs</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____		DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Int</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		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 Sept, 1948, to 10 Feb, 1949, that I last saw the deceased alive on 10 Feb, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. Griffin M.D.</u>		23b. ADDRESS <u>Buffalo, Mo.</u>		23c. DATE SIGNED <u>18 Feb 49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reynold Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo.</u>	
DATE REC'D BY LOCAL REG <u>2/19/49</u>		REGISTRAR'S SIGNATURE <u>Mrs J. B. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery-Vaughan</u>		ADDRESS <u>Buffalo Mo.</u>	

Deceased Embalmers' Statement on Reverse Side

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

RECEIVED

District Health Officer No. 7

District File Number 1-49-12

Date Filed 2-25-49

**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 .....  
Student Embalmer

Signed Blyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo 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 this body is not embalmed, fact should be so stated above.