

No. 300  
10. 48

FILED MAR 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5883

94

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 72

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

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST. FRANCIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ESTHER</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ESTHER</b>	
c. LENGTH OF STAY (in this place) <b>34 years</b>		d. STREET ADDRESS (If rural, give location) <b>3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ESTHER, MO.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MILLEY</b> b. (Middle) <b>DOTSON</b> c. (Last) <b>DOTSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 2 1949</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JAN. 14 1867</b>		9. AGE (In years last birthday) <b>82</b> Months <b>1</b> Days <b>18</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARE OF HOME</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Isaac Hicks</b>		13b. MOTHER'S MAIDEN NAME <b>ANN BANSEY</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN DOTSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SAM DOTSON ESTHER MO.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>cause</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Dr. W. P. Duckworth has been treating deceased in ill and unable to sign certificate. From information obtained, deceased died of the above cause</b> DUE TO (b) <b>Dr. W. P. Duckworth has been treating deceased in ill and unable to sign certificate. From information obtained, deceased died of the above cause</b> DUE TO (c) <b>Dr. W. P. Duckworth has been treating deceased in ill and unable to sign certificate. From information obtained, deceased died of the above cause</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4 201</b>		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) m.		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Bert Miller Coroner</b>		23b. ADDRESS <b>Farmington MO</b>		23c. DATE SIGNED <b>3/4/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1949 March 4th</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MARVIN CHAPEL</b>	
24d. LOCATION (City, town, or county) (State) <b>NEAR BONNE TERRE MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>S. T. Bayer Healy MO.</b>			
DATE REC'D BY LOCAL REG. <b>Mar. 4 1949</b>		REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		289	

RECEIVED  
Died \_\_\_\_\_  
Died \_\_\_\_\_  
Date \_\_\_\_\_  
Lic. No. 4  
349-3  
3-7-49

**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 J. T. Doyne  
Licensed Embalmer No. 3660  
P. O. Address Deesloge, 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.)

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