

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1949

State File No. **32690**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY N. Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo.	c. LENGTH OF STAY (in this place) 1	c. CITY (If outside corporate limits, write RURAL and give township) (Rural) Parma	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 322 Kendall		d. STREET ADDRESS (If rural, give location) Rt. 1, Parma, Missouri!	

3. NAME OF DECEASED (Type or Print) a. (First) Robert	b. (Middle) Lewis	c. (Last) Dodson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 17 November 1948	9. AGE (in years last birthday) 3	IF UNDER 1 YEAR Months 11 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) Lavala, Missouri. U	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Homer Dodson	13b. MOTHER'S MAIDEN NAME Bessie Wilbourn	14. NAME OF HUSBAND OR WIFE - - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT'S SIGNATURE OR NAME Homer Dodson	ADDRESS Parma, Missouri.
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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		INTERVAL BETWEEN ONSET AND DEATH 05-5X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diphtheria		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-13**, 19**49**, to **9-14**, 19**49**, that I last saw the deceased alive on **9-14**, 19**49**, and that death occurred at **4⁰⁰ a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Alfred Sargent (Degree or title)	23b. ADDRESS W. S. Reston, Mo.	23c. DATE SIGNED 9-19-49
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24a. BURIAL CREMATION Burial	24b. DATE 15 Sept. 49	24c. NAME OF CEMETERY OR CREMATORY Big Opening	24d. LOCATION (City, town, or county) (State) Big Opening New Madrid, Mo.
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DATE REC'D BY LOCAL REG Sept 21-49	REGISTRAR'S SIGNATURE Mrs Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Taylor Funeral Home, Sikeston, Mo	ADDRESS 429
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RECEIVED SEP 26 1949
District Health Office No. _____
District File Number 949-4
Date Filed _____

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. E. McMillan
Licensed Embalmer No. 4695

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