

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15916

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 5235 Registrar's No. 8

1. PLACE OF DEATH
 a. COUNTY Cedar
 b. CITY (If outside corporate limits, write RURAL and give township) Rural - Benton
 c. LENGTH OF STAY (In this place) 20 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
 a. STATE Missouri b. COUNTY Cedar
 c. CITY (If outside corporate limits, write RURAL and give township) Rural - Benton
 d. STREET ADDRESS

3. NAME OF DECEASED
 (Type or Print) a. (First) John b. (Middle) I. c. (Last) Dodson
 4. DATE OF DEATH (Month) (Day) (Year) May 11, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept. 17, 1869
 9. AGE (In years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (State or foreign country) Howard Co., Mo.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John F. Dodson 13b. MOTHER'S MAIDEN NAME Delina Jameson 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Marshal Dodson
 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, ashenia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic hypertension heart disease
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8-1951, to 5-10-1951, that I last saw the deceased alive on 5-10-1951, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE Win. B. Killeen M.D. (Degree or title) 23b. ADDRESS Jackson Mo. 23c. DATE SIGNED 5-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-14-51 24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem. 24d. LOCATION (City, town, or county) (State) 17 acres out Mo.

DATE REC'D BY LOCAL REG. May 12, 51 REGISTRAR'S SIGNATURE Mrs. Delma Ellis 1883 FUNERAL DIRECTOR'S SIGNATURE H. C. Cawthon ADDRESS E. Duane Exp.

(Licensed Embalmer's Statement on Reverse Side)

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

5200
1

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 5 1954

Dist. File 651-9220

Date Filed 6-5-54

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. E. Crestman

Signed
Student Embalmer

Licensed Embalmer No. 4419

P. O. Address Ch. Road Springfield

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.