

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **693**

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	
c. LENGTH OF STAY (In this place) 1 Week		0272 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.		d. STREET ADDRESS (If rural, give location) 627 Fourth St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Sallie	b. (Middle) Redman	c. (Last) Dodson	4. DATE OF DEATH (Month) (Day) (Year) January 29 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 23 1869	9. AGE (In years less birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Howard County, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Wm. Dodson.	13b. MOTHER'S MAIDEN NAME Winona Blair	14. NAME OF HUSBAND OR WIFE Andrew T. Dodson.
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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, Boonville, Missouri.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Probable intra-abdominal abscess & peritonitis		
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 331X	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) (Minute)	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 April 19, 50, to 29 Jan, 1952, that I last saw the deceased alive on 29 Jan, 1952, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. J. Paine MD (Degree or title)	23b. ADDRESS Boonville, Mo	23c. DATE SIGNED 2/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 31/1952	24c. NAME OF CEMETERY OR CREMATORY Sulphur Springs	24d. LOCATION (City, town, or county) (State) Howard County, Missouri.
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DATE REC'D BY LOCAL REG. 2-1-52	REGISTRAR'S SIGNATURE D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller.	ADDRESS Boonville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

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. 433

working under my personal supervision.

Student F. William Kasmann
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.