

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2727

State File No.

318

1003

0900

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital..				d. STREET ADDRESS (If rural, give location) 19 4405 West Pine Blv'd.,			
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle) NOBLE		c. (Last) DODSON.		4. DATE OF DEATH (Month) (Day) (Year) Jan'y 28, 1952.	
5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED -		8. DATE OF BIRTH Dec. 8, 1879	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 1 Days 20		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired mgr. coupon dept			10b. KIND OF BUSINESS OR INDUSTRY 1st National Bank			11. BIRTHPLACE (State or foreign country) Jerseyville, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Theodore Dodson		13b. MOTHER'S MAIDEN NAME Emma Noble		14. NAME OF HUSBAND OR WIFE Vivian A. Dodson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-18-6657		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vivian A. Dodson, 4405 West Pine Blv'd.,			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. O.K. Joseph M. Lupton				INTERVAL BETWEEN ONSET AND DEATH 1 hr	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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? '33IX'			
22. I hereby certify that I attended the deceased from Jan 29, 1952 , to Jan 29, 1952 that I last saw the deceased alive on Jan 29, 1952 and that death occurred at 10:05 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul G. Bettonville				23b. ADDRESS M.D. 508 N. Grand		23c. DATE SIGNED Jan 29 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Motor)		24b. DATE 1-31-1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Jerseyville, Illinois.	
DATE REC'D BY LOCAL REG. JAN 29 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.,			

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

mjb (Licensed Embalmer's Statement on Reverse Side)

Ms: 5521.

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 Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

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.