

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6159

FILED FEB 25 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. *If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 202 N. B. ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LIDLE b. (Middle) B. c. (Last) DODSON			4. DATE OF DEATH (Month) (Day) (Year) FEB. 18, 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Nov. 8, 1873		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Days 3 IF UNDER 1 HRS. Mins. 10	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL WORKER		10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH LEAD & G		11. BIRTHPLACE (State or foreign country) JEFFERSON Co. Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME GEORGE DODSON		13b. MOTHER'S MAIDEN NAME ADELINE OGLE		14. NAME OF HUSBAND OR WIFE JENNIE DODSON	
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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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. J. R. BULLOCK BONNE TERRE Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs. 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. Hypertensive Vascular Disease INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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)	
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 **Jan 1, 1950** to **Feb 17, 1953**, that I last saw the deceased alive on **Feb 17, 1953**, and that death occurred at **2:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marvin J. Haw, Jr. M.D.		23b. ADDRESS Bonne Terre, Mo.		23c. DATE SIGNED 2/18/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 20, 1952		24c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS MEMO. PK.		24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo.	
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DATE REC'D BY LOCAL REG. Feb 20, 1952		REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benham Ind Co. Bonne Terre Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 Lawrence J. Graywell

Signed
Student Embalmer

Licensed Embalmer No. 3706

P. O. Address Bonneville

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.