

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11866**

FILED APR 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>Browning</u>	
c. LENGTH OF STAY (in this place) <u>10 Hrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Mem. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rosie</u>	b. (Middle) <u>Mac</u>	c. (Last) <u>Dodson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1952</u>
--	-------------------------	------------------------	-------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>August 21, 1877</u>	9. AGE (In years last birthday)	if under 1 YEAR	if under 12 HRS
				<u>74</u>	<u>7</u> Months	<u>23</u> Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Putnam Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>JAMES BUCHANAN</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Virgil Joseph Dodson</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Atkins</u>	ADDRESS <u>Browning - 110</u>
--	----------------------------------	--	-------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		<u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple emboli</u> DUE TO (c) <u>Coronary occlusion</u>		<u>12 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>2 wks</u>

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) <u>4201</u>
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? _____

22. I hereby certify that I attended the deceased from 4-13-1952 to 4-14-1952 that I last saw the deceased alive on 4-14-1952 and that death occurred at 7:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dorothy T. English M.D.</u>	23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>4/14/52</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wagon Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Browning Mo 116</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-17-52</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Scheepers</u>	ADDRESS <u>Wilton - 116</u>
---	---	---	-----------------------------

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Dwight Schone

Licensed Embalmer No. 2667

P. O. Address Milan, 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.