S. No. 300
Rev. 10.48

FILED DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42008

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1136

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1014 E. Central Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 1014 E. Central Street

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): DAVID
c. (Last): DODSON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 29 Apr. 1882
9. AGE (In years last birthday): 70 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: City St. Dept.
11. BIRTHPLACE (City and State or Foreign Country): Niangua, Missouri U
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Abner Dodson
13b. MOTHER'S MAIDEN NAME: Mary Cantrell
14. NAME OF HUSBAND OR WIFE: Sarah Elizabeth Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 491-05-4443
17. INFORMANT'S SIGNATURE OR NAME: Ray Dodson
ADDRESS: 1315 N. Broadway Ave., Springfield, Missouri.

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) Atherosclerosis, Hypertension, etc.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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) m.
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* Aug 22, 1952, *to* Dec. 18, 1952, *that I last saw the deceased alive on* Dec 16, 1952, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE L. M. Rigney (Degree or title) M.D.
23b. ADDRESS 331 St. Louis Springfield Mo
23c. DATE SIGNED Dec-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 21 Dec. 1952
24c. NAME OF CEMETERY OR CREMATORY: White Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Missouri.

DATE REC'D BY LOCAL REG.: 12-22-52.
REGISTRAR'S SIGNATURE: Faith Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: Fred C. Thieme
ADDRESS: Springfield, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.