

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16977**

FILED JUN 1 - 1953

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5053		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY Barry 0050				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry 0050			
b. CITY OR TOWN Rural (Shell Knob)		c. LENGTH OF STAY (in this place) 1		c. CITY OR TOWN Rural (Shell Knob)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Candas		c. (Last) Dodson		4. DATE OF DEATH (Month) (Day) (Year) 5-8-1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 4-21-1875		9. AGE (in years last birthday) 78	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas A. Dodson			13b. MOTHER'S MAIDEN NAME Eliza Hollingsworth		14. NAME OF HUSBAND OR WIFE none		
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Dodson-Shell Knob, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis 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 30 min 4-5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201				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) (Min.)		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 , 1950, to May , 1953, that I last saw the deceased alive on March , 1953, and that death occurred at 7:00 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Mary Newman, M.D. (Degree or title)				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 5-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-10-1953	24c. NAME OF CEMETERY OR CREMATORY Fields Cemetery		24d. LOCATION (City, town, or county) (State) Shell Knob, Missouri		
DATE REC'D BY LOCAL REG. 5-26-1953		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Hubert ADDRESS Cassville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 3 1953

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 Paul D. Kenbest

Licensed Embalmer No. 45-76

P. O. Address Cassville, 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.