

No. 30
10.48

STANDARD CERTIFICATE OF DEATH

State File No. **31635**

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 92

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

1. PLACE OF DEATH a. COUNTY <u>Hawland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Hawland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin Mo.</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>Vivian</u> c. (Last) <u>DODSON.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17-1953</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17-1891.</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>3</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contract Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sanitary Products</u>	11. BIRTHPLACE (State or foreign country) <u>New Franklin Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Edward S. Dodson</u>	13b. FATHER'S MAIDEN NAME <u>Agnes Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Dodson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>yes, World War I</u>	16. SOCIAL SECURITY NO. <u>487-07-0514</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laura Dodson</u> ADDRESS <u>New Franklin Mo.</u>
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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		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from Sept 17, 1953, to Sept 17, 1953 that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 11:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Chamberlain M.D.</u> (Degree or title)	23b. ADDRESS <u>New Franklin</u>	23c. DATE SIGNED <u>9-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc. Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-22-53</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shedd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>N. L. Hall</u> ADDRESS <u>New Franklin</u>
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(Licensed Embalmer's Statement on Reverse Side)

SEP 28 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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.