No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1663

State File No. .....

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Blue
c. LENGTH OF STAY (In this place): ENROUTE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. INDEPENDENCE SANITARIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 3498
d. STREET ADDRESS (If rural, give location): #180 WARNER PLACE

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

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 23 1954

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 2
8. DATE OF BIRTH: APRIL 16, 1930
9. AGE (In years last birthday): 23 — 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): CLERK
10b. KIND OF BUSINESS OR INDUSTRY: ROBINSON PHARMACY DRUG STORE
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN DODSON
13b. MOTHER'S MAIDEN NAME: RUTH DAVIS
14. NAME OF HUSBAND OR ~~WIFE~~: DONALD YOUVAN

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.: 500-28-1350
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. ERNEST VIALL, 3515 MICHIGAN, K.C.

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): Shock / Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured Ribs Ruptured Liver
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
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson 200 MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-23-54 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car Turned over One Car Collision

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:50A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh H. Owens Coroner 2
23b. ADDRESS: 1034 Rialto Bldg.
23c. DATE SIGNED: 1-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-26-1954
24c. NAME OF CEMETERY OR ~~CREMATORY~~: MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 1-26-54
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: D. W. Newcomer's Sons, Kansas City, Mo. 1331 BAUMHOFF CREEK

354-5

(Licensed Embalmer's Statement on Reverse Side)

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

2000 3

FEB 16 1956

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 Robert C. Hanson

Licensed Embalmer No. 4849

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.