

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12834

State File No.

FILED MAY 13 1954

Registrar's No. 12

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Claude</u> c. (Last) <u>Dotson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1954</u>		
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>August 23, 1891</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR <u>8</u> MONTHS <u>6</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oilfield Laborer - Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Jarrt Dotson</u>	13b. MOTHER'S MAIDEN NAME <u>Mellie Mullins</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Woods Dotson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joan Johnson</u>	ADDRESS <u>Alton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Lung</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u>		
	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)
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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 Jan 1, 1954 to April 29, 1954, that I last saw the deceased alive on April 20, 1954 and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. W. Cooper M.D.</u>	23b. ADDRESS <u>Maywood, Mo.</u>	23c. DATE SIGNED <u>5-5-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huddleston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 8/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. T. D. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James L. Johnson</u>	ADDRESS
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48
0750

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 *Edward Carter* _____

Licensed Embalmer No. *45-14* _____

P. O. Address *Hayes* _____

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.