

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39991**

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6281** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Mtn. Van Buren		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Van Buren Twp. Green Mtn.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4 Miles West of Green Mtn.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1140 4 Miles West of Green Mtn.	

3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) XXX c. (Last) Dodson			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Oct. 12, 1870		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Keeping		11. BIRTHPLACE (City and State or Foreign Country) Wright County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard Dodson		13b. MOTHER'S MAIDEN NAME Mary Lathrom	
14. NAME OF HUSBAND OR WIFE XXXX		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. XXX	
17. INFORMANT'S SIGNATURE OR NAME Rye Dodson,		ADDRESS Mtn. Grove, Mo.			

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusive ANTECEDENT CAUSES Chronic Myocarditis 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.		INTERVAL BETWEEN ONSET AND DEATH Sudden 10 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 **6-10, 1948** to **9-20, 1954** that I last saw the deceased alive on **9-20, 1954**, and that death occurred at **8:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.A. Craig D.O.		23b. ADDRESS Mtn. Grove Mo		23c. DATE SIGNED 11-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-8-54		24c. NAME OF CEMETERY OR CREMATOR Broyls Cemetery	
24d. LOCATION (City, town, or county) (State) Wright County, Missouri		DATE REC'D BY LOCAL REG. 11-27-54		REGISTRAR'S SIGNATURE B. Garner 3467	
25. FUNERAL DIRECTOR'S SIGNATURE Robert Zarb		ADDRESS Mtn. Grove, Mo.			

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

1140

Date Filed 12-2-54
Number 1254-124

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.....
Signature of Student Embalmer

Signed R. W. Barber

Licensed Embalmer No. 35

P. O. Address Mc...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.