

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1428

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 37
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 2 wks	c. CITY OR TOWN Greenfield Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital 0		STREET ADDRESS (If rural, give location) So Main st 0290		
3. NAME OF DECEASED (Type or Print) a. (First) Shug b. (Middle) Dodson c. (Last) Dodson			4. DATE OF DEATH Feb 1 1955	
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 25 1899	9. AGE (In years last birthday) 55
IF UNDER 1 YEAR Days 1	IF UNDER 11 HRS. Hours 6	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (City and State or Foreign Country) Dade Co Mo 0
12. CITIZEN OF WHAT COUNTRY? usa	13a. FATHER'S NAME John L Dodson	13b. MOTHER'S MAIDEN NAME Rebecca Mote	14. NAME OF HUSBAND OR WIFE Elva Dodson	
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. 500-12-8180	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Georgia Longstreth, Lawrence Kans		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE NEPHRITIS AND HEPATITIS DUE TO ANTECEDENT CAUSES PHOSPHOROUS INTOXICATION DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9718			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ATTENDED BY DR. C.A. SOUTER M.D. TURNED OVER TO CORONER RE DRINK			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CAR ON STREET	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JOPLIN JASPER MO.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) FEB. 1 - 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HE ADMITTED EATING A SANDWICH MADE OF RAT POISON PASTE AND BREAD		
22. I hereby certify that I attended the deceased from 1/31, 1955, to 2/1, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45a m., from the causes and on the date stated above.				
23a. SIGNATURE Wendell M. Tomlin, Jr.		(Degree or title) City of Joplin, Mo.	23b. ADDRESS Joplin, Mo.	23c. DATE SIGNED 2/1/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 3, 1955	24c. NAME OF CEMETERY OR CREMATORY Greenfield	24d. LOCATION (City, town, or county) (State) Greenfield Mo.	
DATE REC'D BY LOCAL REG. 2-12-55	REGISTRAR'S SIGNATURE Ed S. James 138	25. FUNERAL DIRECTOR'S SIGNATURE W. R. Allison	ADDRESS Greenfield Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed FEB 14 1955

NOV 12 1958

JUN 5 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.....
Signature of Student Embalmer

Signed *W. R. Allison*.....

Licensed Embalmer No. *440*

P. O. Address *Greenville*

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.