

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 3 1955

0020

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4013 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ATCHISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PHELPS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PHELPS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MADISON</u> b. (Middle) <u>SMITH</u> c. (Last) <u>DOTSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>8-22-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u> IF UNDER 12 HRS. Hours <u>2</u> Min.	
11. BIRTHPLACE (State or foreign country) <u>GREEN CO. TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>ISAAC DOTSON</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE FRENCH</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR I</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sena M. A'FEE</u> ADDRESS <u>Rock Port, Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Note: This man was under treatment for heart disease by U.A. Hospital Omaha Neb.</u>  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 <u>Dead suddenly in his sleep about 9pm 4-24-55</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>4201</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>4-24</u> , 1955, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Emma M. A'FEE</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Rock Port Mo</u>	
23c. DATE SIGNED <u>4-25-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>4-27-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Defenski Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo</u>		25. DATE REC'D BY LOCAL REG. <u>April 27, 1955</u>	
REGISTRAR'S SIGNATURE <u>Harmon N. Schooler</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Bartolomeo Mortuary</u> ADDRESS <u>Rock Port</u>	

JUN 28 1955

EMERALD

**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 Grant Burchatow

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.