

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3726

State File No.

FILED FEB 21 1956

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 3003 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) MONETT		c. CITY OR TOWN AURORA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 910 FOURTH, STREET		e. STREET ADDRESS (If rural, give location) 0551/	

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) GRANVILLE	c. (Last) DOTSON	4. DATE OF DEATH (Month) (Day) (Year) FEB. 17 1956
-------------------------------------	--------------------------	------------------------------	-------------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 23, 1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) PROTEM, MO. TANEY, COUNTY	12. CITIZEN OF WHAT COUNTRY?
---	--	---	------------------------------

13a. FATHER'S NAME SIMON P. DOTSON	13b. MOTHER'S MAIDEN NAME NANCY MAY	14. NAME OF HUSBAND OR WIFE DECEASED
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. CLAUDE MOORE ADDRESS SPRINGFIELD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 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 July 30, 1955, to Feb 17, 1956, that I last saw the deceased alive on Feb 13, 1956, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE F. L. Edwards MD (Degree or title)	23b. ADDRESS Monett, Mo	23c. DATE SIGNED 2-18-56
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/19/56	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	24d. LOCATION (City, town, or county) (State) AURORA, MISSOURI
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 2-18-56	REGISTRAR'S SIGNATURE Mrs. P. N. Cook	513-9	25. FUNERAL DIRECTOR'S SIGNATURE Charles Hark ADDRESS Aurora Mo
---	--	-------	---

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 256-30

DATE REC. 2-20-56

1956
FEB 1 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 *Myself*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Oliver L. Mars*.....

Licensed Embalmer No. 3812

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