

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED MAY 22 1956**

State File No. **16943**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 2

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lawrence</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mt. Vernon</u>		c. CITY OR TOWN <u>Esther</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>76 days</u>		e. STREET ADDRESS (If rural, give location) <u>0971</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Isaac</u>			a. (First)			b. (Middle)			c. (Last) <u>Dotson</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 19, 1956</u>		
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<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced</u>		<b>8. DATE OF BIRTH</b> <u>July 10, 1899</u>		<b>9. AGE</b> (In years last birthday) <u>56</u>		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 24 HRS. Hours Min.	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Flat River, Mo.</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		
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<b>13a. FATHER'S NAME</b> <u>John Robert Dotson</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nellie Hicks</u>			<b>14. NAME OF HUSBAND OR WIFE</b>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>498-10-4283</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>San. records, Mo. State San., Mt. Vernon, Mo.</u>				<b>ADDRESS</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma with metastasis</u>			DUPLICATE OF (b) _____						<u>7 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUPLICATE OF (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from March 4, 1956, to May 19, 1956, that I last saw the deceased alive on May 19, 1956, and that death occurred at 7:20 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>C. A. Busher M.D.</u>		<b>23b. ADDRESS</b> <u>Mt. Vernon, Mo.</u>		<b>23c. DATE SIGNED</b> <u>5-21-56</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>24b. DATE</b> <u>5-19-56</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bonne Terre, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-19-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Cecil Hendricks</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>R. H. Gessert - Mt. Vernon, Mo.</u>		<b>ADDRESS</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

+110

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*H. W. Fassett*

Licensed Embalmer No. 220

P. O. Address W. Reno

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.