

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006784

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4428 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richland, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richland, Missouri</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None.</u>		Length of stay in lb <u>60 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>None.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Joseph Dodson.</u>			4. DATE OF DEATH Month Day Year <u>January 26, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 31, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Clerk.</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) <u>64</u>
11. BIRTHPLACE (City and state or country) <u>Walker, Mo Vernon Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph R. Dodson.</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie West.</u>	14. NAME OF HUSBAND OR WIFE <u>Laverne Dodson.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Unknown.</u>	17. INFORMANT <u>Laverne Dodson</u> Address <u>Richland, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1) coronary occlusion acute</u> DUE TO (b) <u>2) myocardial insufficiency.</u> DUE TO (c) <u>3) gastric ulcer chronic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> <u>3-4 yrs.</u> <u>years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the death from <u>Aug. 3/1957</u> to <u>Jan 26/1958</u> and last saw ^{her} him alive on <u>Jan 26, 1958</u> Death occurred at <u>34</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. E. Licht, M.D.</u> (Degree of M.D.)		22b. ADDRESS <u>Richland, Mo.</u>	22c. DATE SIGNED <u>1-27-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/28/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OakLawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Richland, Missouri</u>
24. FUNERAL DIRECTOR'S ADDRESS <u>Hege's Funeral Home Richland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-28-58</u>	26. REGISTRAR'S SIGNATURE <u>Paula Kaye Anderson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 20 1958

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 *Clarence Moss*

Licensed Embalmer No. *4896*
P. O. Address *Waymouth, Su*

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.