

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020963

STATE FILE NUMBER

624

FILED JUN 23 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

300

-57

2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

|  |                            |   |  |
|--|----------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan  |                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Buchanan                               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Joseph  |                            | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN St. Joseph 6117<br>0                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION State Hospt. #2   |                            | Length of stay in lb<br>23yrs   | d. STREET ADDRESS (If outside, give location)<br>1920 Savannah   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>Rose Dodson   |                            |   | 4. DATE OF DEATH<br>Month Day Year<br>June 11, 1958              |
| 5. SEX<br>Female 1   | 6. COLOR OR RACE<br>White  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Feb. 16, 1877 81                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife   |                            | 10b. KIND OF BUSINESS OR INDUSTRY<br>own home   | 11. BIRTHPLACE (City and state or country)<br>Whiting Kansas     |
| 13a. FATHER'S NAME<br>Hortensius Hultzman  |                            | 13b. MOTHER'S MAIDEN NAME<br>Mary Ann Neville   | 14. NAME OF HUSBAND OR WIFE<br>Charles Dodson                    |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no   |                            | 16. SOCIAL SECURITY NO.<br>none   | 17. INFORMANT<br>State Hospital # 2 Records                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Carcenoma of Lungs<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcenoma of right breast<br>DUE TO (c) 170X |                            |   | INTERVAL BETWEEN ONSET AND DEATH<br>2 years<br>5 years           |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.  |                            |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 deceased from <u>Dec. 1956</u> to <u>June 11, 58</u> and last saw <sup>her</sup> him alive on <u>June 11, 1958</u><br>Death occurred at <u>12:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                            |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>Moham. mal. I.ahr M.D.</i>  |                            | 22b. ADDRESS<br>St. Joseph, Mo.<br>State Hospital # 2   | 22c. DATE SIGNED<br>6/11/58                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   | 23b. DATE<br>June 15, 1958 | 23c. NAME OF CEMETERY OR CREMATORY<br>Osteopathy<br>Kirksville College  | 23d. LOCATION (City, town, or county) (State)<br>Kirksville, Mo. |
| 24. FUNERAL DIRECTOR<br><i>Clark a Clark</i><br>Clark Funeral Home   |                            | 25. DATE RECD. BY LOCAL REG.<br>June 16, 1958   | 26. REGISTRAR'S SIGNATURE<br><i>Wm. Clark Hardell</i>            |

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 *Emm A Clark* .....

Licensed Embalmer No. *4238*

P. O. Address *St Joseph*

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.