

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000165

STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 032 Primary Registration District No. Registrar's No. 8

300
-57

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| 1. PLACE OF DEATH a. COUNTY Bollinger | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bol. | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glen Allen (Lorraine) | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Glen Allen | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | Length of stay in lb 15 yrs | d. STREET ADDRESS (If outside, give location) Route-1 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE ROLLA DODSON Sr. | | | 4. DATE OF DEATH Month Day Year Jan, 8, 1959 | | |
| 5. SEX male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 6, 1880 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 2 Days 2 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Stubenville Kentucky | | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13a. FATHER'S NAME James Dodson | | 13b. MOTHER'S MAIDEN NAME Evelyn Simpson | | 14. NAME OF HUSBAND OR WIFE Leona Owens | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No-National guard-wv-1 | | 16. SOCIAL SECURITY NO. 432-34-3714 | | 17. INFORMANT Address Mrs. Leona Dodson, Glen Allen, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure DUE TO (b) Coronary Artery Occlusion DUE TO (c) Coronary atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 a.m. Month, Day, Year 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 Death on my arrival and last saw ^{her} _{him} alive on _____ Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Shirley E. Zindler Coroner | | | 22b. ADDRESS Lutesville, Mo | | 22c. DATE SIGNED Jan 10, 1959 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Jan. 11, 59 | 23c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem. | | 23d. LOCATION (City, town, or county) Lutesville, Mo |
| 24. FUNERAL DIRECTOR ADDRESS Steve Ward Lutesville Mo | | 25. DATE RECD. BY LOCAL REG. 1-13-59 | | 26. REGISTRAR'S SIGNATURE Mr. Buford Crader | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *R. O. Laird*

Licensed Embalmer No. *4538*
P. O. Address *Jackson, Miss.*

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.