

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027940

FILED VS JUL 29 1958 66

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 60

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY WASHINGTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MISSOURI b. CITY WASHINGTON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN WALTON		Length of stay in 1b	c. CITY OR TOWN SHIRLEY, MO.
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 MILES WEST POTASI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE FRANKLIN DOTSON			4. DATE OF DEATH Month Day Year JULY 21 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. BIRTH DATE AUGUST 18 1890	9. AGE (last birthday) 78	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HUZZAH MISSOURI U.S.A.	

13a. FATHER'S NAME JAMES DOTSON		13b. MOTHER'S MAIDEN NAME ZERRA BRICKEY		14. NAME OF HUSBAND OR WIFE ELLEN DOTSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT PRESTON DOTSON	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lungs			INTERVAL BETWEEN ONSET AND DEATH 1 yr.?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - Primary			
DUE TO (c) -			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year					
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 **6-20-1957** to **7-21-1959** and last saw him alive on **May 18-1959**.
Death occurred at **5:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Joseph L. Thomas - M.D.	22b. ADDRESS Potosi, Mo.	22c. DATE SIGNED 7-23-1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-23-59	23c. NAME OF CEMETERY OR CREMATORY SHIRLEY	23d. LOCATION (City, town, or county) (State) SHIRLEY MISSOURI
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24. FUNERAL DIRECTOR OMAN JENKINS	ADDRESS POTOSI MISSOURI	25. DATE RECD. BY LOCAL REG. 7/23/59	26. REGISTRAR'S SIGNATURE Arthur K. ...
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

