

AMENDED

Registration District No. **FILED JUL 26 1961**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Missouri</b>           |  | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis Maternity</b> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>4362 Laclede</b>       |
|   |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                                  |   |  |  |  |  |
|---|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Infant Richard Dewain Dodson</b>                       |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>July 15 1961</b>                  |  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7-14-61</b>   | 9. AGE (last birthday)<br>Months <b>0</b> Days <b>15</b> | IF UNDER 1 YEAR IF UNDER 24 HR<br>Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>NONE</b>            |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Missouri</b>    | 12. CITIZEN OF WHAT COUNTRY<br><b>United States</b>      |  |  |
| 13a. FATHER'S NAME<br><b>Harold Dewain Dodson</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Marilyn Margaret Cooley</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>               |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Marilyn Dodson, 4362 Laclede, St. Louis Mo</b> |  |  |  |

|  |                           |  |
|--|---------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                           | INTERVAL BETWEEN ONSET AND DEATH<br><b>36 hr</b> |
| IMMEDIATE CAUSE (a)  | <b>RESPIRATORY ARREST</b> |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | <b>PREMATURITY</b>        |  |
| DUE TO (b)   |                           |  |
| DUE TO (c)   |                           | <b>773.5</b>                                     |

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|---|--|--|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
|---|--|--|--|--|--|

|   |  |                                  |                                   |  |  |  |
|---|--|----------------------------------|-----------------------------------|--|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 **4:05 am 7-14-61**, to **6:40pm 7-15-61** and last saw him alive on **7-15-61**  
 Death occurred at **6:40 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                                    |
|---|---|------------------------------------|
| 22a. SIGNATURE<br><i>James M. Sloan</i> (Degree or title) | 22b. ADDRESS<br><b>St. Louis Maternity Hosp</b> | 22c. DATE SIGNED<br><b>7-17-61</b> |
|---|---|------------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>7/16/61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Flatwood Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Emmence, Mo.</b> |
|---|-----------------------------|--|--|

|   |  |   |
|---|--|---|
| 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe Inc., 4700 Washington, Blvd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 17 1961</b> | 26. REGISTRAR'S SIGNATURE<br><i>Roald Smith, M.D.</i> |
|---|--|---|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED **5/21/62**

INSTEAD OF **Dodson**

DOCUMENT

SHOULD READ **Richard Dewain Dodson**

BY AFFIDAVIT OF **Father**

ITEM NO. **3**

**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 Stanley H. Dizon  
Licensed Embalmer No. 4193  
P. O. Address St. Louis

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.