

No. 300
10. 48

98000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7077

BIRTH NO. 49-005532 REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4478 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lancaster		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lancaster	
d. FULL NAME OF HOSPITAL OR INSTITUTION James E. Dotson		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Jerry b. (Middle) E. c. (Last) Dotson		4. DATE OF DEATH (Month) (Day) (Year) Feb 28, '49	
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH 1 / 17 / 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri. 10
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Dotson	13b. MOTHER'S MAIDEN NAME Emogene Pickens	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Dotson Lancaster, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Feb 27, 1949, to Feb 28, 1949, that I last saw the deceased alive on Feb 28, 1949, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Vaughn	(Degree or title) D. O. P.	23b. ADDRESS Lancaster, Mo	23c. DATE SIGNED 3/1/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 1, 1949	24c. NAME OF CEMETERY OR CREMATORY Arni Memorial	24d. LOCATION (City, town, or county) (State) Lancaster, Missouri.
DATE REC'D BY LOCAL REG. Mar 15 48	REGISTRAR'S SIGNATURE Wm. R. Drake	25. FUNERAL DIRECTOR'S SIGNATURE Everett B. Head	ADDRESS Lancaster, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 3-49-4

Date Filed **MAR 8 - 1949**

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
Student Embalmer

Signed Lucretia R. Head

Licensed Embalmer No. 4038

P. O. Address Lincoln, Mo.

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 this body is not embalmed, fact should be so stated above.