

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15515

State File No. _____

BIRTH NO. _____ REG. DIST. NO: 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 470

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Protem</u>	
c. LENGTH OF STAY (In this place) <u>57 days</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Baptist</u>		d. STREET ADDRESS (If rural, give location) <u>7</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Dotson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-27-49</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-19-07</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
--------------------	-------------------------------	---	----------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Protem, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
---	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Riley H. Dotson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Keesee</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Hodges</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Dotson Protem, Mo</u>		ADDRESS	
--	--	--	--	--	--	---------	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Obstruction intestinal</u>				<u>1 week</u>	
		DUE TO (c) <u>Adhesions peritonites</u>				<u>Long</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>153X</u>	

19a. DATE OF OPERATION <u>Apr 19, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of colon with extension to ileum</u>				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 April 2, 1949, to May 27, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 1:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Glynn, MD</u>		23b. ADDRESS <u>Springfield</u>		23c. DATE SIGNED <u>5/29/49</u>	
--	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Protem</u>		24d. LOCATION (City, town, or county) (State) <u>Protem, Missouri</u>	
---	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>6-1-49</u>		REGISTRAR'S SIGNATURE <u>W.S. Landley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Linkingbeard Funeral Home, Ava, Mo.</u>		ADDRESS	
--	--	---	--	---	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4839
2
6

JUN 6 1949

JUN 9

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 Charles R. Fisk

Licensed Embalmer No. H662

P. O. Address Quincy, Mass

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.