

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25934

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>456a</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u> <u>4</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Norwood</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wva</u>		34	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mallard Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>L</u> c. (Last) <u>Dodson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28-1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN 23-1891</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>		11. BIRTHPLACE (State or foreign country) <u>NANCOCK Co. TN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Josua Dodson</u>			13b. MOTHER'S MAIDEN NAME <u>MARY WINKLER</u>		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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Dixon</u>		ADDRESS <u>Ava Mo R-2</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Mitral Insufficiency</u> <u>Phematomia</u> DUE TO (b) DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H/OX</u>					INTERVAL: BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>July 5, 1949</u> to <u>July 28, 1949</u> , that I last saw the deceased alive on <u>July 27, 1949</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. S. Vancoy M.D.</u>				23b. ADDRESS <u>Norwood Mo</u>		23c. DATE SIGNED <u>July 29-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PRARIE Hollow CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DOUGLAS Co. MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>8/14/49</u>		REGISTRAR'S SIGNATURE <u>Mr. A. R. Winkler by Mr. J. E. Steffe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. J. E. Steffe</u>		ADDRESS <u>Manassasfield Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 10 1949  
District Health Office No. 6,  
District File Number 849-922  
Date Filed 8-10-49

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

*F. A. Steffe*

Licensed Embalmer No. 3121

P. O. Address Manassas Md

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.