

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26572

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Central</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Central</u>		36	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair mo R #2</u>		d. STREET ADDRESS (If rural, give location) <u>St. Clair mo. R #2</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Truel</u> c. (Last) <u>Dodson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 21-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-7-1884</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Various work</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Various work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurants</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Dodson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Hick</u>	14. NAME OF HUSBAND OR WIFE <u>Edith</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>346-14-2766</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Dodson, St. Clair 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Biliary Calculi</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystitis</u> DUE TO (c) <u>6 mo.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>585X</u>	
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) m.	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>6-2-</u> , 19 <u>49</u> , to <u>7-21-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-21-</u> , 19 <u>49</u> , and that death occurred at <u>3 1/2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Mitchell, M.D.</u>		23b. ADDRESS <u>St. Clair mo</u>	23c. DATE SIGNED <u>7-21-</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillburno</u>	24d. LOCATION (City, town, or county) (State) <u>Hillburno, Ill.</u>
DATE REC'D BY LOCAL REG. <u>7-22-49</u>	REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hereward Mitchell, St. Clair</u>	

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

District File Number

District Health Officer No. 9

RECEIVED
AUG 16 1919

OCT 5 1962

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

C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address *Sh. Clair*

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.