

FILED SEP 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29580

BIRTH NO. _____ REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 5206 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If in institution, give date of admission) a. STATE Mo b. COUNTY Fairfield.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FAIRFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - FAIRFIELD.	
c. LENGTH OF STAY (In this place)		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) BRAYMER, Mo. R.F.D.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) WILLIAM c. (Last) Dodson.			4. DATE OF DEATH (Month) (Day) (Year) August 29-49		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 22-1872	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Days 0 IF UNDER 24 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri D	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Robert W. Dodson.		13b. MOTHER'S MAIDEN NAME MARY E. Sugg.		14. NAME OF HUSBAND OR WIFE Lelia Hart Dodson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Mrs Alac Johnson ADDRESS Braymer, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 18 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIAL HYPERTENSION		unknown	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

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 **Aug 28, 1949**, to _____, 19____, that I last saw the deceased alive on **Aug 29, 1949**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John R. Frank D.O. (Degree or title)		23b. ADDRESS Braymer, Mo		23c. DATE SIGNED 8-31-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 31-1949		24c. NAME OF CEMETERY OR CREMATORY Ebenezer	
24d. LOCATION (City, town, or county) (State) Bogard Mo.		25. FUNERAL DIRECTOR'S SIGNATURE E.A. Dickerson		ADDRESS Bogard, Mo.	
DATE REC'D BY LOCAL REG. 8-31-49		REGISTRAR'S SIGNATURE Emilee Street			

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

RECEIVED

SEP 8

District Health Officer No. 8

District File Number _____

Date Filed 9-21-49

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 Ed Decker

Licensed Embalmer No. 2534

P. O. Address Bagard m

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.