

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38323

State File No.

No. 300
10-48

FILED DEC 5 1949

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4428</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PULASKI</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>			b. (Middle) <u>R.</u>		c. (Last) <u>Dodson</u>		4. DATE OF DEATH (Month) / (Day) / (Year) <u>11 / 25 / 49</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 9 1862</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods</u>		11. BIRTHPLACE (State or foreign country) <u>Stairze City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Benjamin D. Dodson</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Dodson</u>		ADDRESS <u>Richland Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u>		ANTECEDENT CAUSES					4201
As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		DUE TO (c) <u>old age natural</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) _____ 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>Nov</u> , 19 <u>48</u> , to <u>Nov 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 25</u> , 19 <u>49</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Mason D.O.</u> (Degree or title)				23b. ADDRESS <u>Richland Mo</u>		23c. DATE SIGNED <u>11-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>		24d. LOCATION (City, town, or county) <u>Richland</u> (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 2 1949</u>		REGISTRAR'S SIGNATURE <u>Thoma C. Buchheper</u>		381		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Seepel</u> ADDRESS <u>Richland</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 2 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 _____

Cowell Craig

Student Embalmer No. *327*

working under my personal supervision.

Student *Cowell Craig*
Student Embalmer

Signed

R. D. J. J. J.

Licensed Embalmer No. *3198*

P. O. Address *Richland*

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.