V.S. No. 300
Rev. 10.48

6040
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FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11664

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6160 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Antscreek
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Crane Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Antscreek 10 40
d. STREET ADDRESS (If rural, give location): RURAL Antscreek Crane Creek

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): Elizabeth
c. (Last): Dotson

4. DATE OF DEATH (Month) (Day) (Year): March 21 1950

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 28
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 4, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Francis Marion Edwards
13b. MOTHER'S MAIDEN NAME: Mary Ellen Matney
14. NAME OF HUSBAND OR WIFE: William Riley Dotson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: William Riley Dotson — **ADDRESS**: Reeds Spring 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lack of medical attention
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
493X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: She had a very Bad Cold
20. AUTOPSY? YES ☐ NO ☐

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): Stone Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ At death, 1950, to March 21, 1950, that I last saw the deceased ~~alive~~ on March 21, 1950, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Everett J. Cheatham (Degree or title) Coroner
23b. ADDRESS: Galena Mo
23c. DATE SIGNED: March 21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24-1950
24c. NAME OF CEMETERY OR CREMATORY: Schooner Cemetary
24d. LOCATION (City, town, or county) (State): Stone Mo

DATE REC'D BY LOCAL REG.: March 24-50
REGISTRAR'S SIGNATURE: Lena Murray - Dep. 317
25. FUNERAL DIRECTOR'S SIGNATURE: Manlove Funeral Home
ADDRESS: Reeds Spring

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 7 1950
District Health Office No. 6,
District File Number 450-418
Date Filed 4-8-50

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, ~~only~~ ....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Leroy H. Manlove
Licensed Embalmer No. 3827
P. O. Address Crane Mo

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.