

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Dexter		c. CITY (If outside corporate limits, write RURAL and give township) Dexter	
c. LENGTH OF STAY (in this place) 43 yr.		1031	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) T. c. (Last) Dozier			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3, 1895	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Baborer		11. BIRTHPLACE (State or foreign country) Gibson Co. Tenn.	
13a. FATHER'S NAME Wm. Anthony Dozier			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Fred Dozier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Dozier Dexter, Mo.	
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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 3 hours 4 years 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
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)	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 Dec., 19 49 to May 15, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. H. C. P. V. D. C.		23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 5-16-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-17-50	24c. NAME OF CEMETERY OR CREMATORY Rock Hill Cemetery	24d. LOCATION (City, town, or county) (State) Puxico, Mo. Route	
DATE REC'D BY LOCAL REG. 5-18-50	REGISTRAR'S SIGNATURE Wm. T. Jenkins 409	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.		

RECEIVED MAY 23 195
District Health Office No.
District File Number 550-2
Date Filed

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 *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.