S. No. 300
v. 10-48

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37983

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4410 Registrar's No. 57

0811
5

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

1. PLACE OF DEATH
a. COUNTY PHELPS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST JAMES. MO
c. LENGTH OF STAY (in this place) 3 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FEDERAL SOLDIER HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY PHELPS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST JAMES MO 0811
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) c. (Last) DOTSON

4. DATE OF DEATH (Month) NOV (Day) 10 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. ~~MARRIED, NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) —

8. DATE OF BIRTH JUNE 11-1863

9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months — Days — | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) INSXER COUNT MICHIGAN

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Don't Know

13b. MOTHER'S MAIDEN NAME Don't Know

14. NAME OF HUSBAND OR WIFE MARCUS DOTSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME EMMIT DOTSON ADDRESS STEELVILLE, 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) Cerebral Sclerosis

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

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

INTERVAL BETWEEN ONSET AND DEATH

332X

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

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)

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* Oct. 25, 1950, *to* Nov. 10, 1950, *that I last saw the deceased alive on* Nov. 9, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James D. Butts MD

23b. ADDRESS St James, MO

23c. DATE SIGNED 11/16/50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)

24b. DATE NOV 13-1950

24c. NAME OF CEMETERY OR CREMATORY KEYSVILLE CEMATORY

24d. LOCATION (City, town, or county) (State) KEYSVILLE MO CRAWFORD

DATE REC'D BY LOCAL REG. 11-18-50

REGISTRAR'S SIGNATURE Cora E. Birmingham .253

25. FUNERAL DIRECTOR'S SIGNATURE LJ JONAS & SON ADDRESS STEELVILLE, MO

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 1950

MAY 12 1953

REGISTERED
Phelps County Health Officer,
County File Number _____
Date Filed 11/21/50

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, or by Perry M. Jones Embalmed working under my personal supervision.

Student Embalmer No. .....

Signed Perry M. Jones

Signed .....
Student Embalmer

Licensed Embalmer No. 2628

P. O. Address Steelville 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.