

3. No. 200
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FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4537

Registrar's No. 114

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5467

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Robberson Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hope	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant Hope R.F.D. # 1		d. STREET ADDRESS (If rural, give location) Pleasant Hope R.F.D. # 1	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) ROY	c. (Last) DODSON	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6 October 1885	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months	11. UNDER 1 MRS. Hours	12. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic retired	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Dodson	13b. MOTHER'S MAIDEN NAME Ollie Gainer	14. NAME OF HUSBAND OR WIFE Virginia E. Dodson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Virginia Dodson, Rt. 1, Pleasant Hope, Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

UNATTENDED BY A PHYSICIAN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10 to 10, 1951, that I last saw the deceased alive on 19, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE WE Handley MD	23b. ADDRESS City Hall Springfield Mo	23c. DATE SIGNED 2/13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14 Feb. 1951	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 2-13-51	REGISTRAR'S SIGNATURE WE Handley MD	25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Thoma	ADDRESS Springfield, Missouri
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1955

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.....

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Missouri 1.....

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.