

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19290

FILED JUN 26 1951

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BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 374

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| 1. PLACE OF DEATH a. COUNTY ADAIR | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ADAIR | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE | | c. LENGTH OF STAY (in this place) 11 months | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE | |
| 3. NAME OF DECEASED a. (First) HENRY b. (Middle) S. c. (Last) DODSON | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 20, 1951 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 8, 1865 |
| 9. AGE (in years last birthday) 86 | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) Adair Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Thomas Dodson | 13b. MOTHER'S MAIDEN NAME Lucinda Hogan | 14. NAME OF HUSBAND OR WIFE | |
| 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 AND ADDRESS Mrs Byow More, 2431 Gaybourn Road, Searsville 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CIRCULATORY COLLAPSE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE DUE TO (c) SYPHILITIC CARDIOVASCULAR DISEASE | | INTERVAL BETWEEN ONSET AND DEATH 15 min 4 days UNKNOWN |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 023 X | |
| 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 July 9, 1950 to June 20, 1951 , that I last saw the deceased alive on June 20, 1951 , and that death occurred at 12:10 a.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) M. J. Lutensahn | | 23b. ADDRESS Kirksville Mo | 23c. DATE SIGNED 6-20-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-22-51 | 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery | 24d. LOCATION (City, town, or county) (State) Kirksville Mo. |
| DATE REC'D BY LOCAL REG. 6-21-51 | REGISTRAR'S SIGNATURE Hate Lambert | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Robert B. Davis Kirksville Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

POST 8 2 1951

Date Received: JUN 25 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1136
Date Filed: JUN 25 1951

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.