

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23441

State File No.

FILED JUL 26 1951

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4205 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Oronogo, Mo.	c. LENGTH OF STAY (In this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) Oronogo, Mo. 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oronogo, Mo.		d. STREET ADDRESS (If rural, give location) 3	

3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) William c. (Last) Dodson	4. DATE OF DEATH (Month) (Day) (Year) July 11 1951
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 13, 1874	9. AGE (In years less birthday) 77 IF UNDER 1 YEAR Months 2 Days 28 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Custodian	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oronogo, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel B. Dodson	13b. MOTHER'S MAIDEN NAME Tomoras Winters	14. NAME OF HUSBAND OR WIFE Ozella Dodson (deceased)
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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 Frank Dodson ADDRESS Oronogo, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 hrs. 2+ yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	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: 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 10-7, 1949, to 7/11, 1951, that I last saw the deceased alive on 7/11, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. J. Ferguson M.D. (Degree or title)	23b. ADDRESS Webb City Mo	23c. DATE SIGNED 7/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 13 1951	24c. NAME OF CEMETERY OR CREMATORY Oronogo, cemetery	24d. LOCATION (City, town, or county) (State) Oronogo, Missouri
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DATE REC'D BY LOCAL REG. July 18-51	REGISTRAR'S SIGNATURE W. J. Ferguson	25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Simpson ADDRESS Webb City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

190

RECEIVED 7-24-51

Jasper County Health Office

County File Number 51/7/586

Date Filed 7-24-51

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

working under my personal supervision.

Student Embalmer No.....

Signed Harvey E. Omer

Signed.....
Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Wald City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.