

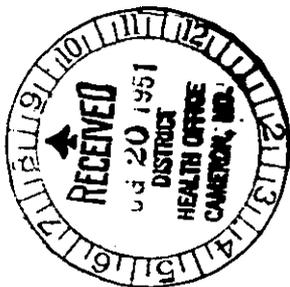
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26053**

FILED AUG 25 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4007</u>		Registrar's No. <u>572</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Amazonia, Mo.</u> c. LENGTH OF STAY (in this place) <u>1 Hour</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Water-Filled Sand pit Route</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Industrial City, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Howard</u> c. (Last) <u>Dotson Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 8, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Jan. 5, 1925</u>	9. AGE (In years) last birthday <u>26</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 MIN. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Jos. Surgical Sup. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Howard Dotson</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Jenkins</u>		14. NAME OF HUSBAND OR WIFE <u>Norma Lee</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-4074</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Norma Lee Dotson Industrial City Mo.</u>			
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) <u>Suffocation</u>  ANTECEDENT CAUSES DUE TO (b) <u>Drowning</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) :  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>89298</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>011 42</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Water-filled sandpit</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Andrew Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 8, 1951, 7:15 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>While swimming.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Maxwell, D.O., Coroner</u>				23b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>		23c. DATE SIGNED <u>8/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-13-51</u>		REGISTRAR'S SIGNATURE <u>William Spaid</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stanley Funeral Home 2335 St. Joseph Ave.</u>			



AUG 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.

Signed Elmer Phoenix

Signed.....  
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph, 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.