

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

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 22

1. PLACE OF DEATH (Where deceased lived. If institution: residence before admission). a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> c. LENGTH OF STAY (In this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 N. Jefferson St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>814 Kutzer</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rita</u> b. (Middle) <u>Rose</u> c. (Last) <u>Dodwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>19</u> <u>52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct 16, 1950</u>
9. AGE (In years last birthday) <u>One</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>3</u>	11. UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>American</u>		13. FATHER'S NAME <u>Vernon L. Dodwell</u>	
13b. MOTHER'S MAIDEN NAME <u>Marie Timmons</u>		14. NAME OF HUSBAND OR WIFE <u>Child</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Vernon L. Dodwell</u>		ADDRESS <u>Neosho, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mechanical Meningitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u> ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>ooo</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo</u>	
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? <u>Fall from bed</u>			
22. I hereby certify that I attended the deceased from <u>2/17/1952</u> , to <u>2/19/1952</u> , that I last saw the deceased alive on <u>2/19</u> , 19 <u>52</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. A. C. Yessinger</u>		23b. ADDRESS <u>314 N. Jefferson Neosho Mo</u>	
23c. DATE SIGNED <u>2/20/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-23-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-52</u>		REGISTRAR'S SIGNATURE <u>Phelix C. Bowman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>MR. Clark-Bigham</u>		ADDRESS <u>Mart Neosho, Mo</u>	

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District Health Officer

Date Filed FEB 25 1952

NEOSHO, MISSOURI

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

A. D. Gibson

Licensed Embalmer No. 4871

P. O. Address Neosho, 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.