

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5989**

FILED MAR 12 1952

BIRTH NO. _____ REG. DIST. NO. **215** PRIMARY REG. DIST. NO. **3053** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla	c. LENGTH OF STAY (in this place) Years	c. CITY (If outside corporate limits, write RURAL and give township) Rolla 1812	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 63 South		d. STREET ADDRESS (If rural, give location) Highway 63 South	

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) BELLE	c. (Last) DOTSON	4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Phelps County, Missouri	12. CITIZENSHIP OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Bud Wilson	13b. MOTHER'S MAIDEN NAME Emily ?	14. NAME OF HUSBAND OR WIFE Fred
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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. Yes	17. INFORMANT'S SIGNATURE OR NAME Fred Dotson	ADDRESS Rolla, Missouri
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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 4 days 1 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis 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 4 2 2 2	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 **Feb 21, 1952**, to **Feb 28, 1952**, that I last saw the deceased alive on **Feb 28, 1952**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. K. Underwood M.D.	(Degree or title) _____	23b. ADDRESS 202 W. 10th Rolla Mo	23c. DATE SIGNED 2-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Mo.
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DATE REC'D BY LOCAL REG. Mar. 3, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Mull	ADDRESS Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD—300

County File Number _____
Date Filed 3-10-52

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 _____

Paul E. Paul

Licensed Embalmer No. _____

4498

P. O. Address _____

Rolla, 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.