

FILED MAR 24 1952

STANDARD CERTIFICATE OF DEATH

9575
State File No.....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 95

1. PLACE OF DEATH
 a. COUNTY St. Francois
 b. CITY (If outside corporate limits, write RURAL and give town or township) Bonne Terre
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 211 S. Long

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY St. Francois
 c. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre
 d. STREET ADDRESS (If rural, give location) 211 S. Long

3. NAME OF DECEASED
 a. (First) Thomas b. (Middle) Wesley c. (Last) Dodson

4. DATE OF DEATH
 (Month) March (Day) 8 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH
September 26, 1878

9. AGE (In years last birthday) 73
 IF UNDER 1 YEAR: Months 5 Days 12
 IF UNDER 11 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Jefferson Co., Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Dodson

13b. MOTHER'S MAIDEN NAME Emaline Miles

14. NAME OF HUSBAND OR WIFE Anna Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME Clarence Dodson ADDRESS Bonne Terre, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 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.

INTERVAL BETWEEN ONSET AND DEATH
1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
151X

20. AUTOPSY?
 YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-52, 1952, to 2-17-52, 1952, that I last saw the deceased alive on 2-17, 1952, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE D. W. Taylor M.D. (Degree or title)

23b. ADDRESS Bonne Terre Mo

23c. DATE SIGNED 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 11, 1952

24c. NAME OF CEMETERY OR CREMATORY Lucky Cemetery

24d. LOCATION (City, town, or county) (State) R.R. DeSoto, Missouri

DATE REC'D BY LOCAL REG. Mar 11 1952

REGISTRAR'S SIGNATURE Ether Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE Bertram Todd ADDRESS Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

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

941

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.....
Student Embalmer

Signed *Harold J. Howard*.....

Licensed Embalmer No. *5706*.....

P. O. Address *Sanctuary 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.