S. No. 300
v. 10.48

FILED OCT 14 1952

STATE OF MISSOURI
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32377

State File No.

BIRTH NO. 62364 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sales Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho. 0732
d. STREET ADDRESS (If rural, give location): 0

0732
0

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) JOHN c. (Last) DOTSON
4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 1952
5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: 9-23-1952
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours 2, Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Neosho, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: John N. Dotson
13b. MOTHER'S MAIDEN NAME: Mary Lou Dalton
14. NAME OF HUSBAND OR WIFE: ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: John N. Dotson — ADDRESS: Anderson Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Birth wt. 2¼#
DUE TO (c) 6 month baby

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 776X
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) m.
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* 9-23, 1952, *to* 9-25, 1952, *that I last saw the deceased alive on* 9-24, 1952, *and that death occurred at* 8 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Blankenship (Degree or title) M.D.
23b. ADDRESS: Anderson Mo.
23c. DATE SIGNED: 9-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-26-1952
24c. NAME OF CEMETERY OR CREMATORY: Anderson Cemetery
24d. LOCATION (City, town, or county) (State): Anderson, Mo.

DATE REC'D BY LOCAL REG.: 10-5-52
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D. 223-1
25. FUNERAL DIRECTOR'S SIGNATURE: Tatum Funeral Home — ADDRESS: Anderson Mo.
(Licensed Embalmer's Statement on Reverse Side) R. E. Chesshan

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

...et Health Officer No. ____

...let File Number 1052795

Date Filed OCT 20 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 Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 38-13 ~~R.E. Cheatham~~

P. O. Address Anderson, 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.