

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36792**

FILED OCT 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5943** Registrar's No. **214**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Edgar Springcreek</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Edgar Springcreek Twp. 0810</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 63 - Edgar Springs</b>		d. STREET ADDRESS (If rural, give location) <b>Highway 63 - Edgar Springs</b>	

3. NAME OF DECEASED a. (First) <b>MARY</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>DOTSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 16, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>April 10, 1873</b>		9. AGE (In years last birthday) <b>80</b>		10. F UNDER 1 YEAR <input type="checkbox"/> 11. F UNDER 2 HRS. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXX</b>		11. BIRTHPLACE (State or foreign country) <b>Phelps County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Jefferson Bray</b>		13b. MOTHER'S MAIDEN NAME <b>Melissa Randolph</b>		14. NAME OF HUSBAND OR WIFE <b>Marion (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mae Spink, Big Piney, Missouri.</b>	

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) <b>Cardiac &amp; pulmonary arrest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>past 10 years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b> DUE TO (c) <b>Carcinoma of the breast widespread metastatic</b>			
		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 <b>170 X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 1, 1952**, to **Oct 14, 1952**, that I last saw the deceased alive on **Oct 14, 1952**, and that death occurred at **2:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. J. Myers D.O.</b>		23b. ADDRESS <b>Licking, Mo.</b>		23c. DATE SIGNED <b>Oct 19, 1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 18 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Roll Pilot Knob Cemetery So. of Rolla, Phelps Mo.</b>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <b>Oct. 20, 1953</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Null &amp; Son Funeral Home Rolla Mo., By Paul E. Null</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Paul E. Nul

Signed .....  
Student Embalmer

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.**