

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

**38583**

**NOV 25 1953**

State File No. 322

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 977 PRIMARY REG. DIST. NO. 3016 Registrar's No. 322

<b>1. PLACE OF DEATH</b> a. COUNTY <u>COLE</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3yr 5mo 6days</u>		e. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MISSOURI STATE PENITENTIARY</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>ROLLA</u>	b. (Middle)	c. (Last) <u>DODSON</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>NOVEMBER 20 1953</u>
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<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>3-3-08</u>	<b>9. AGE</b> (In years last birthday) <u>48</u>	<b>10. MONTHS</b> <u>8</u>	<b>11. DAYS</b> <u>17</u>	<b>12. HOURS</b> _____	<b>13. MIN.</b> _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>UNKNOWN</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>UNKNOWN</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
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<b>13a. FATHER'S NAME</b> <u>UNKNOWN</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>GLADYS DODSON (WIFE)</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>	<b>16. SOCIAL SECURITY NO.</b> <u>UNKNOWN</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>STATE PENITENTIARY HOSPITAL RECORDS</u>	<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thromboses</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>as coroner</u>
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**22. I hereby certify that I attended the deceased from** 11-20-53 **to** \_\_\_\_\_ **, 19** \_\_\_\_\_ **, that I last saw the deceased alive on** \_\_\_\_\_ **, 19** \_\_\_\_\_ **, and that death occurred at** 3:20p m. **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. Bruce W.D.</u>	<b>23b. ADDRESS</b> <u>Cole County, Mo</u>	<b>23c. DATE SIGNED</b> <u>11-20-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <u>11/25/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Brookings Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Raytown Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Nov. 24-1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>R.P. Davis M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C.H. Beckman &amp; Son, Inc.</u>	<b>ADDRESS</b> <u>Kennett Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer.

Signed *Gideon N. House*.....

Licensed Embalmer No. *45*.....

P. O. Address *Jefferson*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.