

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4377  
State File No. ....

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Cooper Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>New Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville Mo.</u>	c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>New Franklin Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Oct 1</u>	

3. NAME OF DECEASED (Type or Print) <u>EDWARD LAUFAYETIC DODSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 6 - 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 15 - 1900</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>New Franklin Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Wm Dodson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Rice</u>	14. NAME OF HUSBAND OR WIFE <u>Judie Frances Dodson</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>49-01-490</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Judie Frances Dodson Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>± 3 years</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Addison's Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
11. 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 <u>274 X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from 1-23-54, 19  , to 3-6-54, 19  , that I last saw the deceased alive on 3-6-54, 19  , and that death occurred at 8:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. M. Stuart M.D.</u>	23b. ADDRESS <u>329 Main St; Boonville, Mo</u>	23c. DATE SIGNED <u>3/8/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar 8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc Pleasant Cem</u>	24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/8/54</u>	REGISTRAR'S SIGNATURE <u>B. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Hall</u>	ADDRESS <u>New Franklin Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *L. L. Hall* .....

Licensed Embalmer No. *3515* .....

P. O. Address *New Franklin 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.