

FILED JUN 1 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15513**
504

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place) STAY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A. Burge Hospital		e. STREET ADDRESS (If rural, give location) 1808 N. Rogers	

3. NAME OF DECEASED (Type or Print) a. (First) EDGAR	b. (Middle) H.	c. (Last) DODSON	4. DATE OF DEATH (Month) (Day) (Year) May 24, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 January 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewer Maintenance	10b. KIND OF BUSINESS OR INDUSTRY City Govt.	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Dodson	13b. MOTHER'S MAIDEN NAME Elizabeth Cantrell	14. NAME OF HUSBAND OR WIFE Lucille Dodson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Lucille Dodson	ADDRESS Springfield, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		SUDDENLY
	ANTECEDENT CAUSES By Sewer Gas		
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. E 9255 + 6			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) City Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-24-'54 8.30A	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Entered deep manhole
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22. I hereby certify that I attended the deceased from **10** ~~10~~, **19** ~~19~~, that I last saw the deceased alive on ~~the~~ **24** ~~the~~ and that death occurred at **8:30A** ~~m.~~, from the causes and on the date stated above.

22a. SIGNATURE Dr. Warren Ripkens	(Degree or title) Coroner	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 5-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-26-54	24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	24d. LOCATION (City, town, or county) (State) Webster County, Missouri
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DATE REC'D BY LOCAL REG. 5-28-54	REGISTRAR'S SIGNATURE Wm. Williamson	FUNERAL DIRECTOR'S SIGNATURE J.W. Clingner & Co.	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9961 1 834
FEB 1 1955

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 *Ogle Stone Jr*

Licensed Embalmer No. *417*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.