

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26122**
3240

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If over an corporate limits, write RURAL, and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>52 yr.</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O. Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4830 No. Wabash</u> <u>5068</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>W.</u> c. (Last) <u>DODSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-28-1955</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 18-1870</u>		9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Alton R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Wm Dodson</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Palmer</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia S. 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>709-10-8766</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frances Bangle</u>		ADDRESS <u>4830 W. Wabash</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Adenoma / Pulmonary emboli</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4343</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>emboli</u> DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Myocardial Hypertrophy</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Subtotal</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>	
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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?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u>		23b. ADDRESS <u>1034 Briarwood Bldg</u>		23c. DATE SIGNED <u>7-29-55</u>	
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24a. BURYAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Aug-1-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>J. C. Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>7-30-55</u>		REGISTRAR'S SIGNATURE <u>Reva Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman</u>		ADDRESS <u>San Jose</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2013/13

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 *W.C. Quinn*

Licensed Embalmer No. *487*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.