

FILED FEB 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3589

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| BIRTH NO. _____ | | REG. DIST. NO. <u>400</u> | | PRIMARY REG. DIST. NO. <u>3041</u> | | Registrar's No. <u>55</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | | c. LENGTH OF STAY (in this place) <u>8 dys.</u> | | c. CITY OR TOWN <u>Macon</u> | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>116 Vine Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>Elsworth</u> c. (Last) <u>Dodson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26, 1956</u> | | | | |
| 5. SEX <input checked="" type="checkbox"/> Male | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>9.15/1882</u> | |
| 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u> | | IF UNDER 24 HRS. Hours <u>11</u> Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware store</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>hardware store</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bevier, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George M. Dodson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rachael Ann Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edith Simpson Dodson</u> | | |
| 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>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E.E. Dodson, Macon, Mo.</u> | | | |
| 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) <u>Terminal Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cardiovascular disease to cerebral thrombosis</u> DUE TO (c) <u>Convulsions, probably due</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>years</u> <u>7 days</u> |
| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | | 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 <u>Jan, 1955</u> , to <u>26 Jan, 1956</u> , that I last saw the deceased alive on <u>25 Jan, 1956</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Donald E Eggleston M.D.</u> | | | | 23b. ADDRESS <u>Macon, Missouri</u> | | 23c. DATE SIGNED <u>1 Feb 56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/29/1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bevier, Missouri</u> | | |
| DATE RECT'D BY LOCAL REG. <u>2/6/56</u> | | REGISTRAR'S SIGNATURE <u>Cuth M Reely</u> | | EMERALD DIRECTOR'S SIGNATURE <u>R Lester Bran</u> | | ADDRESS <u>Macon, Mo.</u> | |

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2. 20. 56
MACON COUNTY HEALTH DEPARTMENT
County File No. 2. 56. 18
Date Filed 2. 21. 56

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 *R. Lester Brown*

Licensed Embalmer No. 44

P. O. Address Maccon

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.