

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19540**

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **4035** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Rockville	c. LENGTH OF STAY (in this place) 4	c. CITY OR TOWN Rockville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION None		e. STREET ADDRESS (If rural, give location) 0070	

3. NAME OF DECEASED (Type or Print) a. (First) Elton b. (Middle) Taylor c. (Last) DODSON	4. DATE OF DEATH (Month) (Day) (Year) 6-8-56					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb 26 - 82	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Coopersville, Ky.	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME R. B. Dodson	13b. MOTHER'S MAIDEN NAME Wm. Known	14. NAME OF HUSBAND OR WIFE Gertrude Dodson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-42-5891	17. INFORMANT'S SIGNATURE OR NAME Marion Dodson ADDRESS Rockville, Mo.

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 day 5 yrs.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none performed	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) May 8, 1956 8:00 AM	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 3/10 , 1954, to 6/8 , 1956, that I last saw the deceased alive on 6/7 , 1956, and that death occurred at 5:00 AM , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) M. O. Bjerke, P.O.	23b. ADDRESS Rockville, Mo.	23c. DATE SIGNED 6/8/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-11-56	24c. NAME OF CEMETERY OR CREMATORY INDIANOLA	24d. LOCATION (City, town, or county) (State) INDIANOLA IOWA
DATE REC'D BY LOCAL REG. JUNE 18 1956	REGISTRAR'S SIGNATURE Nendall Kureny	25. FUNERAL DIRECTOR'S SIGNATURE Orson Echly ADDRESS Oppton City, Mo.	

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

JUN 28 1956

JUN 24 1956

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..... *Wesley Eckhoff*

Licensed Embalmer No. 39

P. O. Address *Appl...*

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.