

FILED MAR 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 5124
Registrar's No. 73

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grain Valley (Rural) Sni a bar		d. STREET ADDRESS (If rural, give location) 2000 Minter Rd 3 mi south West	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San & Hospital				d. STREET ADDRESS (If rural, give location) 2000 Minter Rd 3 mi south West			
3. NAME OF DECEASED (Type or Print) a. (First) Cordelia			b. (Middle) E		c. (Last) Dodson		4. DATE OF DEATH (Month) (Day) (Year) Feb 24 1957
5. SEX Fm	6. COLOR OR RACE W h	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 12 1886		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lees Summit Mo		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME J Cummins			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clarence 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Dodson Grain Valley 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) Cerebro Vascular Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Calcemania of Jains					Jains
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332XH					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)		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 Jan 1, 1957 , to 2-24, 1957 that I last saw the deceased alive on 2-24, 1957 and that death occurred at 7:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James W. Oliver MD				23b. ADDRESS Oak Grove, Mo		23c. DATE SIGNED 2-24-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 26 57	24c. NAME OF CEMETERY OR CREMATORY Blue Springs		24d. LOCATION (City, town, or county) (State) Blue Springs Mo		
DATE REC'D BY LOCAL REG. 2-25-57		REGISTRAR'S SIGNATURE James W. Oliver		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo			

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

RECEIVED
MAR 4 1957

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.