

Dr. Health,  
, & Welfare  
S. Public  
th Service

FILED DEC 4 - 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 4560 Registrar's No. 1

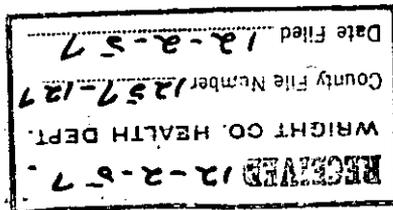
S. 300  
v. 1-57

|  |                                  |  |   |   |   |
|--|----------------------------------|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wright</u>   |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Norwood</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>Norwood</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |                                  | Length of stay in lb   | d. STREET ADDRESS (If outside, give location)<br><u>Rt. #1</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Talitha</u> Middle <u>Dodson</u> Last <u>Dodson</u>  |                                  |  | 4. DATE OF DEATH<br>Month <u>Nov</u> Day <u>22</u> Year <u>1957</u>   |   |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>March 30, 1881</u>   |   | 9. AGE (In years last birthday)<br><u>76</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housekeeper</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country)<br><u>Douglas Co. Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U S</u>  |
| 13a. FATHER'S NAME<br><u>General Strunk</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Calhoun</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>John Dodson</u> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>No</u>   | 17. INFORMANT<br>Address<br><u>Mrs. Cecil Conley Norwood, Mo.</u>   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u>   |                                  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1955</u>                                       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. }<br>DUE TO (b) <u>Arteriosclerosis, Hypertension</u>   |                                  |  |   |   | <u>St. Louis</u>  |
| DUE TO (c)   |                                  |  |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4201</u>   |                                  |  |   |   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  |  |   |   |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |                                  |  |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE         |   |
| 21. I attended the deceased from <u>January 10, 1954</u> to <u>11-22-57</u> and last saw her alive on <u>11-21-55</u><br>Death occurred at <u>11-22-57</u> <u>7:30a</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |   |   |   |
| 22a. SIGNATURE<br><u>S. W. Conroy M.D.</u> (Degree or title)   |                                  |  | 22b. ADDRESS<br><u>Mountain Grove Mo</u>  |   | 22c. DATE SIGNED<br><u>11-23-57</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>Nov 24, 1957</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Strunk</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Norwood, Missouri</u>             |
| 24. FUNERAL DIRECTOR<br><u>Shale-Wind</u>  |                                  | ADDRESS<br><u>Norwood, Mo</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-28-57</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Stan Runking</u>                                      |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Frank Stable* .....

Licensed Embalmer No. *4140* .....

P. O. Address *Wm. Jones, Inc.* .....

-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.