

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004845

STATE FILE NUMBER

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 27

300
-57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Parkville</u> <u>0830</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>C.O.F. home</u>		Length of stay in 1b <u>30 days</u>	d. STREET ADDRESS (If outside, give location) <u>1770-2 - Bx 269</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Effie</u> Middle <u>Mae</u> Last <u>Dolson</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 5, 1891</u>	9. AGE (In years) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sawmill operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lunch & Beer</u>	11. BIRTHPLACE (City and state or country) <u>Gross Timbers MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George Admire</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Jenkins</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Dolson</u> (Deceased July 57)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Name <u>Marie Kearns</u> Address <u>Parkville MO Bx 269</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspiration chest</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (b) <u>Bronchitis</u>			
DUE TO (c) <u>Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not referred to the leading disease condition given in PART I (a) <u>Arteriosclerosis</u>			

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 Hour <u>12</u> Month, Day, Year <u>Dec 57</u> a.m. <u>12</u> p.m.			

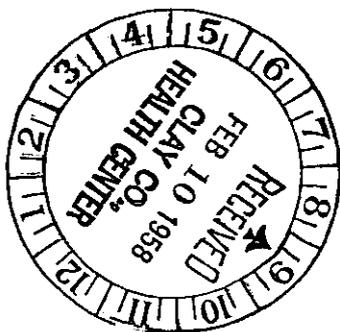
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Liberty MO</u>	COUNTY <u>MO</u>	STATE <u>MO</u>
21. I attended the deceased from <u>Dec 57</u> to <u>Feb 1, 58</u> and last saw her/him alive on <u>Jan 31 - 58</u> Death occurred at <u>12 noon</u> as stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Wm G. Gardner MD</u>		22b. ADDRESS <u>Liberty MO</u>		22c. DATE SIGNED <u>2/1/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 3-58</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Calvey</u>	23d. LOCATION (City, town, or county) <u>Kansas City - MO</u>	(State)
24. FUNERAL DIRECTOR <u>Jehand G. Francis</u>		ADDRESS <u>Parkville, MO 2-8-58</u>	25. DATE RECD. BY LOCAL REG. <u>2-8-58</u>	
			26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Edward G. Francis*

Licensed Embalmer No. *3451*
P. O. Address *Parkville, 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.