

Health,
Welfare
Public
Service

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Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no lister. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006774

STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 282 Primary Registration District No. 5976 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>POLK</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>POLK</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WALNUT GROVE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>WALNUT GROVE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR 3</u>		Length of stay in 1b <u>lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>RR 3</u>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>ELMOND</u> Last <u>DOTSON</u>			4. DATE OF DEATH <u>MARCH 1 - 1958</u> Month <u>MARCH</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 10 - 1875</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>EUDORA - MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>ROBERT DOTSON</u>			14. MOTHER'S MAIDEN NAME <u>AMANDA YOUNG</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>UNKNOWN</u>	17. INFORMANT Address <u>MARY DOTSON - R 3 WALNUT GROVE MO</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>RESPIRATORY FAILURE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PNEUMONIA (HYPOSTATIC)</u> DUE TO (c) <u>SABLILITY</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>CEREBRAL ACCIDENT 5 YRS AGO</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>2 DAYS</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.) <u>522X</u>			
20c. TIME OF INJURY Hour <u>7:00</u> a. m. <u>9</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 COUNTY STATE	
21. I attended the deceased from <u>FEB 1938</u> to <u>MARCH 1, 1958</u> and last saw ^{her} him alive on <u>MARCH 1, 1958</u> Death occurred at <u>7:00 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. R. Davis D.O.</u>			22b. ADDRESS <u>WALNUT GROVE MO.</u>		22c. DATE SIGNED <u>3/4/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-4-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EUDORA CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>EUDORA - MO.</u>
24. FUNERAL DIRECTOR <u>Brian - Daniel - Walnut Grove - Mo</u>		ADDRESS <u>Walnut Grove - Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 6, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Borden per Jewell Borden</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Joseph L. Dowell

Licensed Embalmer No.....

P. O. Address.....
Ash Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.