

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

58-014712  
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 75

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Purcell, Mineral Twp</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Purcell Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0490</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Purcell, Mo</b> Length of stay in lb <b>20 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Purcell, Mo</b> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>Lee Dodson</b>			4. DATE OF DEATH Month Day Year <b>April 15, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 25, 1901</b>
9. AGE (In years last birthday) <b>56</b>		10. UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driller</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	11. BIRTHPLACE (City and state or country) <b>Oronogo, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Hugh Dodson</b>	
13b. MOTHER'S MAIDEN NAME <b>No DATA</b>		14. NAME OF HUSBAND OR WIFE <b>Almeda Dodson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>444-09-3528</b>	
17. INFORMANT Address <b>Mrs. Almeda Dodson Purcell Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot Wound to Abdomen</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Apparently Self Inflict Gunshot wound to Abdomen</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT <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 <b>Webb City, Missouri</b>		20g. COUNTY STATE	
21. I attended the deceased from <b>Did Not Attend</b> and last saw <sup>her</sup> him alive on _____ Death occurred at <b>Approx 9:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>George Hickman Sheriff</b>		22b. ADDRESS <b>Webb City, Missouri</b>	
22c. DATE SIGNED <b>4/15/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>4-17-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Wm Weaver Cem</b>	
23d. LOCATION (City, town, or county) <b>Oronogo, Mo</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Johnston-Arnice-Simpson Mortuary</b>		25. DATE RECD. BY LOCAL REG. <b>4-17-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		27. (Licensed Embalmer's Statement on Reverse Side)	

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.

Webb City, Mo

SEP 18 1958

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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 *[Handwritten Signature]*  
\_\_\_\_\_

Licensed Embalmer No. 4463  
P. O. Address West City, Ill.

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.