

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018750
STATE FILE NUMBER

FILED MAY 27 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 105

300
57
493
0

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u> | | c. CITY OR TOWN <u>Carthage 0493</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>408 E. 3rd. St.</u> | |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Lee</u> Last <u>Dodson</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1958</u> | | |
|---|--|--|--|--|--|

| | | | | | | |
|--------------------|-------------------------------|---|--|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 30, 1873</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. 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>ret'd farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|--|--|

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>William Dodson</u> | 13b. MOTHER'S MAIDEN NAME <u>Rhoda Biddle</u> | 14. NAME OF HUSBAND OR WIFE <u>Carrie White Dodson</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. | 17. INFORMANT <u>Wayne Dodson, Flint, Mich.</u> | Address |
|---|-------------------------|---|---------|

| | | |
|---|--|---|
| 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>Uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> |
| DUE TO (b) <u>Chronic Bronchitis</u> | | |
| DUE TO (c) <u>593 X</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) | | |

| | |
|---|--|
| 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>3:35</u> a.m. <u>u.</u> 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>11-4-46</u> to <u>May 9, 1958</u> and last saw <u>him</u> alive on <u>May 9, 1958</u> Death occurred at <u>3:35</u> <u>u.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

| | | |
|---|--------------------------------------|-----------------------------------|
| 22a. SIGNATURE (Date or title) <u>W. J. Dodson - M. D.</u> | 22b. ADDRESS <u>Carthage, Mo.</u> | 22c. DATE SIGNED <u>5-9-58</u> |
|---|--------------------------------------|-----------------------------------|

| | | | |
|--|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-11-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Dudman Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Jasper Co., Missouri</u> |
|--|-----------------------------|--|--|

| | | | |
|--|---------|--|---|
| 24. FUNERAL DIRECTOR <u>Ulmer Funeral Home, Carthage, Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>5-10-58</u> | 26. REGISTRAR'S SIGNATURE <u>Elm Clutter</u> |
|--|---------|--|---|

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filed MAY 20

SEP 29 1958

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 *Edwin C. Elmer*

Licensed Embalmer No. *1955*
P. O. Address *Bartholomew*

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.