

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021399  
State File No. ....

FILED JUN 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5387 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri 6336</b>		b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>rural-Osage</b>		c. LENGTH OF STAY (In this place) <b>53 weeks</b>		c. CITY OR TOWN <b>Boss</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>So. Boss 4 miles</b>				e. STREET ADDRESS (If rural, give location) <b>So. Boss 4 Miles</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Quinsey</b>	b. (Middle) <b>S</b>	c. (Last) <b>Dodson</b>	(Month) <b>June</b>	(Day) <b>19</b>	(Year) <b>1958</b>

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 20 1905</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days <b>0</b>	IF UNDER 12 HRS. Hours <b>0</b>	IF UNDER 1 MIN. Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer-Timber</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Iron Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		

13a. FATHER'S NAME <b>Sidney Dodson</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Palmer</b>	14. NAME OF HUSBAND OR WIFE <b>Dollie Jimmerson Dodson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>X</b> <b>497 097845</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dollie Dodson</b>	ADDRESS <b>Boss Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural Cause (Jury Verdict)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>1954</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:30**, P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. H. B. Powell</b>	(Degree or title) <b>3</b>	23b. ADDRESS <b>Salem Mo</b>	23c. DATE SIGNED <b>6-21-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-22-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Asher Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Boss Mo</b>
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DATE REC'D BY LOCAL REG. <b>6/21/58</b>	REGISTRAR'S SIGNATURE <b>M. M. Hart</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>[Address]</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48

**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.....  
*Orville J. [unclear]*

Licensed Embalmer No. *937*

P. O. Address *Palmer*

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.