

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018703

STATE FILE NUMBER

FILED JUN 3 1959 Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 33

300
1-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green Inside Limits <input type="checkbox"/>		c. CITY OR TOWN Bowling Green Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 MIKE Length of stay in 1b		d. STREET ADDRESS (If outside this location) 0820 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Jesse Dodson			4. DATE OF DEATH Month Day Year May 18 1959
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 17 1907
9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Month Days 19 20 IF UNDER 24 HRS. Min.		10. USUAL OCCUPATION (Give kind of work done during year of work; no work if retired) RETIRED	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) Sullivan Co. MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm J. Dodson	
13b. MOTHER'S MAIDEN NAME MARY SUMMERS		14. NAME OF HUSBAND OR WIFE BERTHA DODSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs J J Dodson Address Bowling Green MO		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation DUE TO (b) Myocarditis DUE TO (c) no PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) no	
INTERVAL BETWEEN ONSET AND DEATH 2 weeks yes		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Month, Day, Year a.m. 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 1945 to 5-18-59 and last saw ^{him} alive on 5-18-59 Death occurred at 1:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J M Mathews M.D.		22b. ADDRESS Bowling Green Mo	
22c. DATE SIGNED 5-19-59		23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	
23b. DATE May 20 1959		23c. NAME OF CEMETERY OR CREMATORY Brookfield	
23d. LOCATION (City, town, or county) (State) Brookfield MO		24. FUNERAL DIRECTOR Grace Bankhead ADDRESS Bowling Green MO	
25. DATE RECD. BY LOCAL REG. 5-26-59		26. REGISTRAR'S SIGNATURE Bill Roberson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Harold Kirk*

Licensed Embalmer No. *4597*

P. O. Address *Banking St*

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.