

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041105

FILED VS. NOV 18 1959 *248*

STATE FILE NUMBER

Registration District No. *248* Primary Registration District No. *5841* Registrar's No. *20*

ENDED

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) Buffalo		Length of stay in 1b 13 yrs		c. CITY OR TOWN rt 3 Neosho		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. E. of Seneca			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6 mi. E. of Seneca			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Katherine Dotson				4. DATE OF DEATH Month Day Year Nov. 9, 1959			
5. SEX Female	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 8/3/93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Ft. Smith, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Stutz			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Alvin Ray Dotson		
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. 44-01-5690A		17. INFORMANT Address L.H. Pierce, rt 3, Neosho, 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) Coronary occlusion DUE TO (b) acute indigestion DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. 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 Nov. 9, 1959 to Nov. 9, 1959 and last saw her dead Nov. 9, 59 Death occurred at 5:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Mrs. Irene Russell</i>				22b. ADDRESS Seneca Mo.		22c. DATE SIGNED 11/12/59	
23b. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery		23d. LOCATION (City, town, or county) Seneca, Missouri			
24. FUNERAL DIRECTOR ADDRESS <i>W. E. Bedderson Seneca Mo</i>		25. DATE RECD. BY LOCAL REG. Nov. 13-59	26. REGISTRAR'S SIGNATURE <i>Mrs. Irene Russell</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 7 2 ADM SA

DEC 17 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 W. E. Reddick

Licensed Embalmer No. 2174

P. O. Address Lawrence

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.