

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041280

FILED VS DEC 9 1959 78

3054

145

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY KODGON PIKE	a. STATE Missouri b. COUNTY Lincoln	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana	c. CITY OR TOWN Elsberry
Length of stay in lb 4 weeks	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital	d. STREET ADDRESS (If outside, give location) RFD - North edge of town
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

3. NAME OF DECEASED (Type or print)	First WALLACE	Middle JAMES	Last DODSON	4. DATE OF DEATH	Month December	Day 2	Year 1959
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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 11, '10	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) RFD - TROY, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME J. L. Dodson	13b. MOTHER'S MAIDEN NAME Daisy (Henry)	14. NAME OF HUSBAND OR WIFE Nellie (Teasley)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 498-18-8358	17. INFORMANT Nellie Dodson - Elsberry, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma of Recto Sigmoid		8 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)
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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 July 1959 to Dec 59 and last saw her alive on 12-2-59
Death occurred at 2:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. Joe Martin, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Louisiana, Mo</i>	22c. DATE SIGNED <i>12-4-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	23b. DATE Dec. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Elsberry, Missouri
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24. FUNERAL DIRECTOR O. C. Ricks	ADDRESS Elsberry, Mo.	25. DATE RECD. BY LOCAL REG. DEC 5 1959	26. REGISTRAR'S SIGNATURE <i>Bernice Callery</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 9 1959

STATEMENT BY LICENSED EMBALMER

DEC 29 1959

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

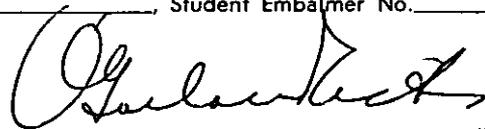
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. _____

4012

P. O. Address _____

Elsherry, Mo

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.