

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		a. STATE <i>Missouri</i> COUNTY <i>St. Louis</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Baptist Hospital</i>		d. STREET ADDRESS <i>6714 Page</i>	
Length of stay in 1b <i>6 months</i>		c. CITY OR TOWN <i>Page</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Elsie</i> Middle <i>Nancy</i> Last <i>Dodson</i>			4. DATE OF DEATH Month <i>August</i> Day <i>26</i> Year <i>1960</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9/22/82</i>	9. AGE (last birthday) <i>77</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired 6 years</i>		11. BIRTHPLACE (City and state or country) <i>Bloomfield Mo.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>James Hardin Dodson</i>		
13b. MOTHER'S MAIDEN NAME <i>Allie Malaskey</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Miss. Ida Dodson</i>	Address <i>6714 Page Avenue</i>
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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) <i>cerebrovascular accident</i>		<i>unknown.</i>
DUE TO (b) <i>arteriosclerosis</i>		
DUE TO (c) <i>331x</i>		
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.)
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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
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21. I attended the deceased from *July 31 1960* to *Aug 25* and last saw ^{her} alive on *Aug 25*
 Death occurred at *5:30 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>MD</i>	22b. ADDRESS <i>114 North Taylor Ave, St. Louis, Mo</i>	22c. DATE SIGNED <i>Aug 26 '60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Aug 29, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dexter Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Dexter Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Shepard Funeral Home, 1167 Hamilton Ave</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 26 1960</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

0961 6 AON

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lawrence C. Galt

Licensed Embalmer No. 497

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.