

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1960

-60-037174

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 80

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parma Rt 1</u>		c. CITY OR TOWN <u>Parma Rt 1.</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>7 miles NE of Parma</u>	
3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>Alexander</u> Last <u>Dodson</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>1</u> Year <u>1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>cauc</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 8 1903</u>
9. AGE (last birthday) <u>56 yrs.</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>		Months	Days
10b. KIND OF BUSINESS OR INDUSTRY		Hours	Min.
11. BIRTHPLACE (City and state or country) <u>Obine Lake County Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Sam Dodson</u>		13b. MOTHER'S MAIDEN NAME <u>Macie Bynum</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Dodson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>491-26-4515</u>		17. INFORMANT Address <u>Bessie Dodson Parma Mo, Rt 1.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CANCER OF LUNG</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
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) <u>BRONCHIAL ASTHMA</u>			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.)	
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 <u>9-11-1959</u> to <u>9-1-1960</u> and last saw him alive on <u>9-1-1960</u> Death occurred at <u>4:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>F O Kelley DO</u> (Degree or title)		22b. ADDRESS <u>Box 198 BERNIE, MISSOURI</u>	22c. DATE SIGNED <u>9-12-60</u>
23a. BURIAL, CREMATION, REMOVAL <u>burial</u>	23b. DATE <u>Sept. 3 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial park.</u>	23d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>
24. FUNERAL DIRECTOR <u>Watkins and Sons</u> ADDRESS <u>Parma Missouri.</u>		25. DATE RECD. BY LOCAL REG. <u>9-14-60</u>	26. REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 1960

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 Marsh Watkins

Licensed Embalmer No. 4717
P. O. Address Dexter 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.