

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025134

AMENDED FILED AUG 8 1961 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3590 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 57 YEARS | c. CITY OR TOWN KANSAS CITY |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4631 TERRACE | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4631 TERRACE |
| 3. NAME OF DECEASED (Type or print) First Middle Last HARLEY LEO DODSON | | 4. DATE OF DEATH Month Day Year July 17, 1961 | |
| 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 April 14, 1903 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTY-TREASURER | | 10b. KIND OF BUSINESS OR INDUSTRY PEPPARD SEED Co. | 9. AGE (last birthday) 58 |
| 11. BIRTHPLACE (City and state or country) CLINTON, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME DAVID W. DODSON | | 13b. MOTHER'S MAIDEN NAME AMELIA THOMA | 14. NAME OF HUSBAND OR WIFE VERNA J. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address MRS. VERNA J. DODSON-4631 TERRACE | |
| 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 | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) | |
| 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Hugh H. Owens | | 22b. ADDRESS 152 Union Station | 22c. DATE SIGNED 7-19-61 |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL | 23b. DATE July 20, 1961 | 23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS | 23d. LOCATION (City, town, or county) (State) RAYTOWN MISSOURI |
| 24. FUNERAL DIRECTOR ADDRESS C.H. BLACKMAN & SON INC. K.C., Mo. | | 25. DATE RECD. BY LOCAL REG. 7-19-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |

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 Bert A. Benne

Licensed Embalmer No. 4656

P. O. Address I.C., M

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.