MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018930

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2593 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JUN 8 1962

1. PLACE OF DEATH a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Medical Center — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Kansas b. COUNTY: Wyandotte
c. CITY OR TOWN: Edwardsville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Earl Middle: Claude Last: Dodson
4. DATE OF DEATH: Month 5 Day 12 Year 62
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-29-91
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer - 6 yrs.
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Edwardsville, Ks.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Wm. Clarence Dodson
13b. MOTHER'S MAIDEN NAME: Melissa Kuhn
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I
17. INFORMANT: Sarah Dodson Address: Edwardsville, Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ruptured Aortic Aneurism — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Massive enlargement of Aneurism — Several yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5/5/62, to 5/12/62 and last saw him alive on 5/11/62 11 A.M.
Death occurred at 2:20 A.M. 5/12/62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul Moss MD (Degree or title)
22b. ADDRESS: 4706 Broadway
22c. DATE SIGNED: 5/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 14-1962
23c. NAME OF CEMETERY OR CREMATORY: Edwardsville Cemetery
23d. LOCATION (City, town, or county) (State): Edwardsville, Ks.

24. FUNERAL DIRECTOR: Alden Harrington & Sons ADDRESS: Bonner Springs Kansas (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 5-13-62
26. REGISTRAR'S SIGNATURE: Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8/50		
3			
4	0		
5	0		
6			
7	1		
8	2		
9	022X		
10			
11			
12	61-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

NS JUN 8 1962

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 Donan K. James

Licensed Embalmer No. 4828

P. O. Address K. e. K.

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.