

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034369

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2700 Registrar's No. 1485

FILED OCT 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397

28460

3

4 /

5 /

6

7 /

8 /

9 456X

10

11

12 4-0

13

DATE AMENDED
11/9/62
11/9/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

RENEAL INFARCTION

UREMIA

CEREBRAL ATROPHY

BY AFFIDAVIT OF ATTENDING PHYSICIAN

ITEM NO. SHOULD READ

18a Hemorrhagic pericarditis

18b Periarthritis nodosa

pt. II Should be left blank

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Washington</u> COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Ridgefield</u>	
Length of stay in 1b <u>5wks.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>BOX 455, Rt. 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Florence</u> Middle <u>E.</u> Last <u>Dotson</u>		4. DATE OF DEATH Month <u>October</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</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>1-10-92</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and state or country) <u>Salem, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Mansfield</u>		13b. MOTHER'S MAIDEN NAME <u>LOBELIA BARNETT</u>	
14. NAME OF HUSBAND OR WIFE <u>James O. Dotson</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>none</u>		17. INFORMANT <u>James O. Dotson, Rt 2, Box 455, Ridgefield, Wash.</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>Hemorrhagic pericarditis</u> <u>Renal infarction</u> <u>Uremic Periarteritis nodosa</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 wks</u> <u>?</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral atrophy</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 checked="" type="checkbox"/> NO <input 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 <u>1:58</u> a.m. <u>p.m.</u> Month, Day, Year <u>9-16-62</u>	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 <u>10-3-62</u>
21. I attended the deceased from <u>9-16-62</u> to <u>10-3-62</u> and last saw her <u>3:00</u> alive on <u>10-3-62</u>		Death occurred at <u>1:58</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>W. Yates Trotter MD</u>		22b. ADDRESS <u>Prof. Blay Springfield Mo</u>	22c. DATE SIGNED <u>10-8-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10-7-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hutcheson Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Edgar Springs, Missouri</u>
24. FUNERAL DIRECTOR <u>T.J. Shadel, Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-8-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 16 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

Brie M. Abbott

Licensed Embalmer No. _____

5115

P. O. Address _____

Springfield, 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.