

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30082

FILED SEP 25 1951

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 503

420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Calhoun</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Calhoun</u> 0420	
c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) <u>Calhoun Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Calhoun Mo</u>			
3. NAME OF DECEASED a. (First) <u>John.</u>		b. (Middle) <u>William Henry</u>	
		c. (Last) <u>Dodson</u>	
4. DATE OF DEATH (Type or Print) <u>Sept 13 1951</u>		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 23, 1877</u>
9. AGE (In years last birthday) <u>74</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	
11. BIRTHPLACE (State or foreign country) <u>Calhoun Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Corington Dodson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Phiel</u>	
14. NAME OF HUSBAND OR WIFE <u>Pluma A. Dodson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>478-10-4894</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pluma A. Dodson</u>		ADDRESS <u>Calhoun</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-12</u> , 19 <u>51</u> , to <u>9-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-13</u> , 19 <u>51</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Russ B Jordan M.D.</u>		23b. ADDRESS <u>Windsor Mo</u>	
23c. DATE SIGNED <u>9-14-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sept 14</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 17-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
42-4		25. FUNERAL DIRECTOR'S SIGNATURE <u>J A Housley</u>	
		ADDRESS <u>Calhoun Mo</u>	

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-24-51

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 _____
Student Embalmer

Signed *J. A. Housey*

Licensed Embalmer No. 3502

P. O. Address *Calhoun Ave*

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 this body is not embalmed, fact should be so stated above.