

FILED OCT 7 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0036563

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68Registration District No. 177 Primary Registration District No. 3023 Registrar's No. 228

DECEASED—NAME 1. Fratie Margaret Dodson			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. Oct, 3 1968
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 82	UNDER 1 YEAR 5b. MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Aug, 10 1886	COUNTY OF DEATH 7a. Henry
CITY, TOWN, OR LOCATION OF DEATH 7b. Clinton		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Jolley Nursing Home	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Mo	CITIZEN OF WHAT COUNTRY 9. U S A	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Never Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. None	
SOCIAL SECURITY NUMBER 12. none	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. housekeeper	KIND OF BUSINESS OR INDUSTRY 13b. none		
RESIDENCE—STATE 14a. Mo	CITY, TOWN, OR LOCATION 14b. Henry Calhoun	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14c. Yes	STREET AND NUMBER 14d. none	
FATHER—NAME 15. Covington Dodson		MOTHER—MAIDEN NAME 16. Elizabeth Pheil		
INFORMANT—NAME 17a. Margaret Butler		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Stafford Missouri		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) CUA DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 days
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (TO THE CAUSE(S) STATED) 19b. _____				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. _____	DATE OF INJURY (MONTH, DAY, YEAR) 20b. _____	HOUR 20c. _____	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. _____	
INJURY AT WORK (SPECIFY YES OR NO) 20e. _____	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. _____	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. _____		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. Aug 31 68	TO 21b. Oct 3 68	AND LAST SAW HIM/HER ALIVE ON 21c. Oct 2 68	I DID NOT VIEW THE BODY AFTER DEATH. 21d. YES	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 1439 M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. _____				
CERTIFIER—NAME (TYPE OR PRINT) 23a. R. J. Powell DO		SIGNATURE 23b. R. J. Powell DO		DATE SIGNED (MONTH, DAY, YEAR) 23c. 10/4/68
MAILING ADDRESS—CERTIFIER 23d. _____		STREET OR R.F.D. NO. 23e. _____		CITY OR TOWN 23f. _____
STATE 23g. _____		ZIP 23h. _____		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Calhoun Mem	LOCATION 24c. Calhoun Mo		
DATE 24d. Oct 5 1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Housey Funeral Home Calhoun Mo			
FUNERAL DIRECTOR—SIGNATURE 25a. R. L. Dunning	REGISTRAR—SIGNATURE 25b. Melbaed Bigum	DATE RECEIVED BY LOCAL REGISTRAR 25c. Oct. 5-68		

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

IAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.9. 1
10a. 82
10b. 86
11. 0
12. 0
13. 4369
14. 4
15. 4
16. 0420
17. 2
18. 2
19. CREDITS
20. 1-0

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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.