THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-000165

FILED JAN 20 1959 Registration District No. 032 Primary Registration District No. Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN: Glen Allen(Lorrance) — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Length of stay in 1b: 15 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bol.
c. CITY OR TOWN: Glen Allen — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route-1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First GEORGE Middle ROLLA Last DODSON Sr.

4. DATE OF DEATH: Month Jan, Day 8, Year 1959

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov. 6, 1880

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 2, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Stubenville Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: James Dodson

13b. MOTHER'S MAIDEN NAME: Evelyn Simpson

14. NAME OF HUSBAND OR WIFE: Leona Owens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No-National guard-ww-1

16. SOCIAL SECURITY NO.: 432-34-3714

17. INFORMANT Address: Mrs. Leona Dodson, Glen Allen, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): A Cute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH:

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary Artery Occlusion

DUE TO (c): Coronary Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

MEDICAL CERTIFICATION

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 Dead on My Arrival and last saw her/him alive on ____
Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Glen E Kinder Coroner

22b. ADDRESS: Lutesville, Mo

22c. DATE SIGNED: Jan 10, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 11, 59

23c. NAME OF CEMETERY OR CREMATORY: Bollinger Co. Mem.

23d. LOCATION (City, town, or county) (State): Lutesville, Mo

24. FUNERAL DIRECTOR ADDRESS: Steve Ward Funeral Home Lutesville Mo

25. DATE RECD. BY LOCAL REG.: 1-13-59

26. REGISTRAR'S SIGNATURE: Mrs Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Ms.

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.