

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5541**
Registrar's No. **6**

National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. **222**

Primary Registration District No. **3046**

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

1. PLACE OF DEATH:

(a) County **Moniteau**
(b) City or town **California**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **306 S. East St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **California, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **306 S. East St.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mollie Dodson**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **F** / race **W** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Feb 11 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 25 hr. min.

9. Birthplace **Moniteau Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....
12. Name **Philip Reed**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily Batty**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Dora Jobe**
(b) Address **California Mo.**

17. (a) **Burial** (b) Date thereof **2/8/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Brush Creek Cem.**

18. (a) Signature of funeral director **Williams Fun. Home**
(b) Address **California, Mo.**

19. (a) **2-8-48** (b) **T. R. Roseberry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **2** day **2**
year **48** hour **3** minute **?** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw her alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **"heart trouble" of indolent history**
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **"view" of A**

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (e) Means of injury **Car**
23. Signature **T. R. Roseberry** (M. D. or other)
Address **Tapton Mo** Date signed **2-5-48**

RECEIVED
District Health Officer No. 9,
District File Number
MAR 11 1948
Date Filed

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed

H. E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

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