

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 00264192

0012192
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

APR FILED 09 64

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
		a. COUNTY <u>St. Louis</u>		a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>		
		Length of stay in 1b <u>6 days</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. Louis City Hosp. #1.</u>		d. STREET ADDRESS (If outside, give location) <u>4111 Laclede</u>		
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		3. NAME OF DECEASED			4. DATE OF DEATH	
		First Middle Last <u>Arthur C Dotson</u>			Month Day Year <u>3 30 64</u>	
		5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 14, 1880</u>	9. AGE (last birthday) <u>83</u>
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Washington County Mo</u>	
		13a. FATHER'S NAME <u>John Dotson</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Morris</u>		14. NAME OF HUSBAND OR WIFE
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ray Dotson headwood Mo</u>
		18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) <u>Crunch pneumonia</u>				
		Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.				
		DUE TO (b) <u>491x</u>				
		DUE TO (c)				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.	Month, Day, Year			
		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 COUNTY STATE	
		21. I attended the deceased from <u>3 24 64</u> to <u>3 30 64</u> and last saw her/him alive on <u>3 30 64</u>				
		Death occurred at <u>12:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
		22a. SIGNATURE (Degree or title) <u>M. D. Fein MD</u>		22b. ADDRESS <u>1515 Lafayette Ave.</u>		22c. DATE SIGNED <u>3 30 64</u>
		23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
		<u>Burial</u>	<u>April 13 64</u>	<u>Hopewell Cemetery Hopewell Mo</u>		
		24. FUNERAL DIRECTOR <u>Donald Sparks</u>		ADDRESS <u>Potosi Mo</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 31 1964</u>	26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STEIN
USE BLACK INK
OR
TYPEWRITER RIBBON

1
2 219
3
4 0
5 0
6
7 0
8 2
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10
11
12 75-0
13 75

SECRET

SECRET

MAY 5 1964

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 Donald Sparks

Licensed Embalmer No. 4819

P. O. Address _____

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.