

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7851
Registrar's No. 7-1949

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

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>4149</u>		Registrar's No. <u>7-1949</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>		c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>ERWIN</u> c. (Last) <u>Dodd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 12 - 1949</u>				
5. SEX <u>M.D.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-20-1883</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Days <u>9</u>		IF UNDER 4 HRS. Hours <u>12</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Cuba, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. BIRTHPLACE (State or foreign country)			
13a. FATHER'S NAME <u>George Dodd</u>		13b. MOTHER'S MAIDEN NAME <u>Emilee Dodd</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Dodd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-18-5137</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jane Dodd, Cuba, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>We the undersigned jurors find that</u> the above named man came to his death by ANTECEDENT CAUSES <u>due to (b) injuries received by a fall down</u> <u>a flight of steps leading to basement</u> <u>building. Verdict Accidental</u> DUE TO (c) <u>from first floor wareroom in</u> <u>building. Verdict Accidental</u> DUE TO (b) <u>death.</u> DUE TO (c) <u>death.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 90 20</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, press, office bldg., etc.) <u>grocery</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuba Lawford Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 - 12 - 1949 11:45 AM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Installing, Head Kit Concrete Basement Floor</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul A. Shanklin, Coroner</u>			23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>3-15-1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-15-1949</u>		REGISTRAR'S SIGNATURE <u>Paul A. Shanklin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanklin, Cuba, Mo.</u>			

RECEIVED 3-21-49

District Health Officer No. 5,

District File Number 349-215

Date Filed 3-21-49

APR 1 1949

APR 29 1949

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

working under my personal supervision.

Student
Student Embalmer

Signed *[Signature]*
Student Embalmer No. _____
Licensed Embalmer No. 3472
P. O. Address *[City, 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.