

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34486

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Montgomery			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. LENGTH OF STAY (in this place) 55 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		
d. FULL NAME OF HOSPITAL OR INSTITUTION 408 Madison			d. STREET ADDRESS (If rural, give location) 408 Madison		

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) REUBEN c. (Last) DODD			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 26, 1867		9. AGE (In years last birthday) 81. IF UNDER 1 YEAR: Months 10 Days 5 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired teamster		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William N. Dodd	13b. MOTHER'S MAIDEN NAME Harriet King	14. NAME OF HUSBAND OR WIFE Mrs. Lucy Dodd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucy Dodd Wellsville Mo.	
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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) congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) chronic nephritis			INTERVAL BETWEEN ONSET AND DEATH 3 weeks 4 years 2 years 592X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1942**, **1942**, to **Oct 31**, **1949**, that I last saw the deceased alive on **Oct 31**, **1949**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H. Walker D.D.	23b. ADDRESS Wellsville Mo	23c. DATE SIGNED 11/1/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/2/49	24c. NAME OF CEMETERY OR CREMATORY Wellsville City	24d. LOCATION (City, town, or county) (State) Wellsville, Montr. Mo.
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DATE REC'D BY LOCAL REG. 11/1/49	REGISTRAR'S SIGNATURE W. S. Roman	FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. B. Wells, Wellsville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

