

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **9804**

**FILED MAR 23 1950**

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **5879** Registrar's No. **3**

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>1. PLACE OF DEATH</b>                         |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). |                           |
| a. COUNTY<br><b>Osage</b>                        | b. CITY OR TOWN<br><b>Chamois R.F.D.</b> | a. STATE<br><b>Mo</b>   | b. COUNTY<br><b>Osage</b> |
| c. LENGTH OF STAY (in this place)<br><b>Life</b> |  | c. CITY OR TOWN<br><b>Chamois</b>   |                           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION          |  | d. STREET ADDRESS<br><b>R.F.D.</b>  |                           |

|   |                              |                              |                           |   |
|---|------------------------------|------------------------------|---------------------------|---|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) | a. (First)<br><b>Charles</b> | b. (Middle)<br><b>Alfred</b> | c. (Last)<br><b>Dodds</b> | <b>4. DATE OF DEATH</b><br>(Month) (Day) (Year)<br><b>3-12-1950</b> |
|---|------------------------------|------------------------------|---------------------------|---|

|                              |   |   |   |  |                                   |
|------------------------------|---|---|---|--|-----------------------------------|
| <b>5. SEX</b><br><b>Male</b> | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Widowed</b> | <b>8. DATE OF BIRTH</b><br><b>February 4-1869</b> | <b>9. AGE</b> (In years last birthday) (Months) (Days) (Hours) (Min.)<br><b>81 1 8</b> | <b>10. UNDER 18</b><br>Hours Min. |
|------------------------------|---|---|---|--|-----------------------------------|

|   |  |  |  |
|---|--|--|--|
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Farming</b> | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>Osage County Mo</b> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.A.</b> |
|---|--|--|--|

|  |   |   |
|--|---|---|
| <b>13a. FATHER'S NAME</b><br><b>John Dodds</b> | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Susan Thompson</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Mary Dudgeon Dodds</b> |
|--|---|---|

|   |                                |  |                                     |
|---|--------------------------------|--|-------------------------------------|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) | <b>16. SOCIAL SECURITY NO.</b> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Mrs. W.H. Rippstein</b> | <b>ADDRESS</b><br><b>Chamois Mo</b> |
|---|--------------------------------|--|-------------------------------------|

|   |  |  |  |
|---|--|--|--|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | <b>MEDICAL CERTIFICATION</b>   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>3 days</b><br><br><b>Few years</b><br><br><b>Few years</b><br><br><b>4 1/3 X</b> |
|   | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia</b>  |  |  |
|   | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>DUE TO (b) Hypertension</b><br><b>DUE TO (c) Cardiac decompensation</b> |  |  |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |

|                               |   |  |
|-------------------------------|---|--|
| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b> | <b>20. AUTOPSY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------------------|---|--|

|   |   |  |
|---|---|--|
| <b>21a. ACCIDENT SUICIDE-HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
|---|---|--|

|   |   |                                   |
|---|---|-----------------------------------|
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
|---|---|-----------------------------------|

**22. I hereby certify that I attended the deceased from April 1949 to March 1950, that I last saw the deceased alive on 3/10, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.**

|  |                   |   |   |
|--|-------------------|---|---|
| <b>23a. SIGNATURE</b><br><b>L.E. Cuffen D.O.</b> | (Degree or title) | <b>23b. ADDRESS</b><br><b>Chamois, Mo</b> | <b>23c. DATE SIGNED</b><br><b>3/14/50</b> |
|--|-------------------|---|---|

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b> | <b>24b. DATE</b><br><b>3-16-50</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Dudgeon Cemetery</b> | <b>24d. LOCATION (City, town, or county) (State)</b><br><b>Chamois Mo</b> |
|---|------------------------------------|--|---|

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>3-14-50</b> | <b>REGISTRAR'S SIGNATURE</b><br><b>Evelyn Souder</b> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Clyde Martin</b> | <b>ADDRESS</b><br><b>Chamois, Mo</b> |
|---|--|--|--------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

0760

0760

District File Number.....

District Health Officer No. 91

RECEIVED MAR 21 1950

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 .....  
Student Embalmer

Signed *Vernon Morton*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Linn*.....

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.