

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17782

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5976 Registrar's No. 74

240

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>1840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walnut Grove #1</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut Grove #1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLARENCE</u>	b. (Middle)	c. (Last) <u>DODD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 30, 1889</u>	9. AGE (In years last birthday)	10 UNDER 1 YEAR Months <u>60</u> Days <u>11</u> Hours <u>3</u>	11 UNDER 24 HRS. Hours <u>3</u> Min.
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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 <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Dodd</u>	13b. MOTHER'S MAIDEN NAME <u>CYNTHIA White</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Dodd (Deceased)</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. EMOGENE TEASON, St. Louis, Mo.</u>	ADDRESS <u>-</u>
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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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>444X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 4/12, 1950, to 5-3, 1950, that I last saw the deceased alive on April 27, 1950, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Barber M.D.</u>	(Degree or title)	23b. ADDRESS <u>Walnut Grove, Mo.</u>	23c. DATE SIGNED <u>5/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 8, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon Jewell</u>	258	25. FUNERAL DIRECTOR'S SIGNATURE <u>BRIM Funeral Service</u>	ADDRESS <u>Walnut Grove, Mo.</u>
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RECEIVED 5-16-50
District Health Officer No.
District File Number 4-20-3
Date Filed 5-16-50

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.

Signed Warren D. Noble.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4005.....

P. O. Address Chick Hill, Ala......

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.