

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19225

State File No.

FILED JUN 15 1951

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY VERNON b. CITY (If outside corporate limits, write RURAL and give town) RURAL BENTON NEVADA, MO c. LENGTH OF STAY (In days) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA HOSP				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CEDAR c. CITY (If outside corporate limits, write RURAL and give township) RURAL BENTON 0200 d. STREET ADDRESS (If rural, give location) 4 MILES W. of JERICHO SPRINGS			
3. NAME OF DECEASED (Type or Print) a. (First) EVERETT b. (Middle) T. c. (Last) Dodd		4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1951		5. SEX M 6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 12, 1910		9. AGE (In years last birthday) 40 if UNDER 1 YEAR Months 11 Days 19 if UNDER 24 HRS. Hours 1 Min. 3		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (State or foreign country) CEDAR COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Tom Dodd		13b. MOTHER'S MAIDEN NAME VIA UTER RECHT	
14. NAME OF HUSBAND OR WIFE PAULINE Dodd.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pauline Dodd ADDRESS Montevallo, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Burn 1st and 3rd degree head, trunk, extremities (98% body surface) ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 hours 8-5-26-51 21 3	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SHOPE HOME	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montevallo, Vernon MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 26 '51 8A		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? tractor exploded hitting patient - Daebler		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 2:40 P.m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Holladay M.D.		23b. ADDRESS Nevada Mo	
23c. DATE SIGNED 5-26-51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-29-1951		24c. NAME OF CEMETERY OR CREMATORY BRASHER CEM.	
24d. LOCATION (City, town, or county) (State) CEDAR COUNTY, MO		25. FUNERAL DIRECTOR'S SIGNATURE John C. Cantlon ADDRESS Stockton, Mo		DATE REC'D BY LOCAL REG. 5-28-51		REGISTRAR'S SIGNATURE Arma J. Ferrey	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 15 1957

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

JUN 15 1957

Dist. File

631-9264

Date Filed

6-2-57

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

John A. Cantlon

Signed.....
Student Embalmer

Licensed Embalmer No. 4387

P. O. Address *Sterckton, 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.