No. 300
10-48

FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34216

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 81

551
0

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place): 60 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Aurora Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora 0551
d. STREET ADDRESS (If rural, give location): Corner of Jefferson & St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): J.
c. (Last): Dodd

4. DATE OF DEATH (Month) (Day) (Year): October 8, 1951

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 11, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Argus Smith
13b. MOTHER'S MAIDEN NAME: Louise Fence
14. NAME OF HUSBAND OR WIFE: John Dodd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Jack Bruce Joplin, 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, asthenia, 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 — INTERVAL BETWEEN ONSET AND DEATH: Sept. 24/51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Debilitation nutritional — to Oct. 8/51
DUE TO anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. advanced Osteo arthritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4341
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* Oct, 1951, *that I last saw the deceased alive on* Oct. 7, 1951, *and that death occurred at* 4 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. McCallum M.D.
23b. ADDRESS: 12 W. Olive, Aurora, Mo.
23c. DATE SIGNED: Oct. 9/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Oct. 10,
24c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery
24d. LOCATION (City, town, or county) (State): Aurora, Missouri

DATE REC'D BY LOCAL REG.: Oct. 10-51
REGISTRAR'S SIGNATURE: Ora McNatt 157 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: William Wood Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 17 1951
Dist. File 1031-1832
Date Filed 10-17-51

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 Embalmer No. —

Signed — Student Embalmer

Signed James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora

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.