

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38067

State File No. ....

Registrar's No. 47

BIRTH NO. _____		REG. DIST. NO. 217 <sup>218</sup>		PRIMARY REG. DIST. NO. 5787		REGISTRAR'S NO. 47	
1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural Jonesboro</b>		c. LENGTH OF STAY (In this place) <b>4 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		d. STREET ADDRESS (If rural, give location) <b>2318 Perkins Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>In automobile</b>				d. STREET ADDRESS (If rural, give location) <b>2318 Perkins Drive</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>Orville</b>		c. (Last) <b>Dodd</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 31, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 11, 1907</b>	
9. AGE (In years last birthday) <b>47</b>		IF UNDER 1 YEAR <b>2</b> Months		IF UNDER 24 HRS. <b>20</b> Hours		IF UNDER 1 MIN. _____ Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Repeaterman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Telephone</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dexter, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Robert L. Dodd</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Jane Bussel</b>		14. NAME OF HUSBAND OR WIFE <b>Arwillia Dodd</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Arwillia Dodd 2318 Perkins Drive Poplar Bluff, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES <b>occlusion of Coronary artery</b> 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 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Almost Instantly</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>attended as coroner</b> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James Shelby</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>36 East Prairie, Mo.</b>		23c. DATE SIGNED <b>10-31-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-2-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-26-54</b>		REGISTRAR'S SIGNATURE <b>Jean Heasler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b>		ADDRESS <b>Dexter, Mo.</b>	

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

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NOV 26 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed NOV 27 1954

JAN 28 1955

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 \_\_\_\_\_

*Lucille Rainey*

Student Embalmer No. 508

working under my personal supervision.

Student *Lucille Rainey*  
Student Embalmer

Signed *J. J. [Signature]*

Licensed Embalmer No. 3419

P. O. Address *Wayte, Miss*

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.