

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006541
State File No.

FILED FEB 19 1958

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Montgomery</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Montgomery</i>	
b. CITY (If outside corporate limits, give RURAL and give township) <i>Hellsville Mo</i>		c. CITY (If outside corporate limits, give RURAL and give township) <i>Hellsville Mo</i>	
c. LENGTH OF STAY (If in place) <i>33 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Lyons Rd.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Robert</i> b. (Middle) <i>Newton</i> c. (Last) <i>Dodd</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb-11-58</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>May-7-1878</i>		9. AGE (In years last birthday) <i>79</i>		IF OTHER YEAR <i>None</i> IF UNDER 2 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <i>Retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Callaway Co Mo</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>H M Dodd</i>		13b. MOTHER'S MAIDEN NAME <i>Katherine King</i>	
14. NAME OF HUSBAND OR WIFE <i>Louise Dodd</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <i>487-07-6753</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr Louise Dodd Hellville Mo</i>			

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* (a) <i>Coronary Heart Failure</i> ANTECEDENT CAUSES <i>Prostration</i> Morbidity 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 <i>2 mo.</i> <i>2 year</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <i>2</i> 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) <i>610X</i>	
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 *Jan 20, 1956* to *Feb 11, 1958*, that I last saw the deceased alive on *Feb 11, 1958*, and that death occurred at *7P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. J. [Signature]</i> (Deputy or title)		23b. ADDRESS <i>Hellsville Mo</i>		23c. DATE SIGNED <i>2/12/58</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>2/14/58</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hellsville City Crem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Hellsville Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>A. B. [Signature] Hellville Mo</i>			
DATE REC'D BY LOCAL REG. <i>2-14-58</i>		REGISTRAR'S SIGNATURE <i>Mrs. Gertrude Roman</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 A. B. Wells

Licensed Embalmer No. 1388

P. O. Address Wellsville 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.