

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009724
State File No.

FILED MAR 17 1958

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. CITY OR TOWN <u>BRANDSVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>114 W. Olden</u>		e. STREET ADDRESS (If rural, give location) <u>0460</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rhoda</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>ANDERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 - 58</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>W. 2</u>	8. DATE OF BIRTH <u>1-2-1880</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>1</u> Day <u>9</u> IF UNDER 24 HRS. Hours <u>19</u> Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Buckhart, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>LEO. DODGE</u>	13b. MOTHER'S MAIDEN NAME <u>ANN BOWLES</u>	14. NAME OF HUSBAND OR WIFE <u>✓</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>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Anderson, West Plains, Mo.</u>	ADDRESS <u>West Plains, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN QUEST AND DEATH <u>7 days</u> <u>7 days</u> <u>3 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock (fracture of arm)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fall & fracture of arm at shoulder</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Poor consciousness from influenza Oct. 1957</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9040</u> <u>21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (If homicide) <u>fall</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Howell Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>58 7 58</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fall in home on rt shoulder</u>
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22. I hereby certify that I attended the deceased from 4/16, 1958, to 2/11, 1958, that I last saw the deceased alive on 2/8, 1958, and that death occurred at 1205 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Virginia Darling, DO.</u>	(Degree or title)	23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>2/26/58</u>
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24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <u>2/11-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>WEST PLAINS Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-10-58</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson's</u>	ADDRESS <u>West Plains Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 19 1958

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.