URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006891

STATE FILE NUMBER

FILED VS MAR 1 1960 155

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 34

NDED

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Twsp — Length of stay in 1b 1½ yrs

c. CITY OR TOWN Webb City — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Convalescent Home — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 742 N. Prospect — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OLA Middle O. Last DODD

4. DATE OF DEATH Month February Day 22, Year 1960

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4-19-1892

9. AGE (last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired miner

10b. KIND OF BUSINESS OR INDUSTRY Mining

11. BIRTHPLACE (City and state or country) Lincoln, Neb.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Han H. Dodd

13b. MOTHER'S MAIDEN NAME Rebecca Little

14. NAME OF HUSBAND OR WIFE Lola Rebecca Dodd, Decd 8-17-55

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk

17. INFORMANT Son- Wayne Dodd, 742 N. Prospect, Webb City, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH 6 dd.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CHRONIC GLOMERULO NEPHRITIS — 10 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pernicious Anemia. VIRAL INFLUENZA

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1952, to Feb 22 1960 and last saw ~~her~~ him alive on Feb 20 1960

Death occurred at 2:35 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J E Kilburn MD

22b. ADDRESS 408 West 4th St Joplin Mo

22c. DATE SIGNED 2/23-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-24-60

23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery,

23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG. 2-24-60

26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AR 7 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones
Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.