

FILED JAN 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5979 Registrar's No. 1

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004  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Looney Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Looney Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Willard, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Weldon</u> c. (Last) <u>Dodd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 24, 1872</u>	9. AGE (In years last birthday) <u>76</u>	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) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Polk County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Frank Dodd</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Hicks</u>	14. NAME OF HUSBAND OR WIFE
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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>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mattie Hartsell</u>	ADDRESS <u>Rt. 1, Willard</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis</u>			

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) <u>Willard (Polk) Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Dec 20, 1948, to Jan 2, 1949, that I last saw the deceased alive on Jan 2, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. S. Hartsell</u>	23b. ADDRESS <u>Morrisville, Mo.</u>	23c. DATE SIGNED <u>Jan 3, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morrisville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Morrisville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Garden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Turpin Funeral Home</u>	ADDRESS <u>Bolivar, Mo.</u>
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RECEIVED

District Health Officer No. 71

District File Number 12-48-1-591

Date Filed 1-14-89

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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.