

No. 300
10.48

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23914

BIRTH NO. 2676-49 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 723 E. Culton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Clinic			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) Donna	b. (Middle) Ruth	c. (Last) Dodge	(Month) July	(Day) 22 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1-3-1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri ()	
			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Dodge	13b. MOTHER'S MAIDEN NAME Rhoda Davis	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William Dodge ADDRESS 722 E. Culton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns, 2nd & 3rd degree 80% of body surface		DUE TO (b) none		3 hr
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		6/9/60
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				16

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrensburg Johnson Mo. 51
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P.M.) July 22 1949 6:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Boiling water in which roasting ears were being cooked spilled on body

22. I hereby certify that I attended the deceased from 6:45 PM July 22, 1949, to 10:30 PM July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Reed Mason M.D. ()	23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED July 23 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-24-49	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Mo.
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DATE REC'D BY LOCAL REG. July 22, 1949	REGISTRAR'S SIGNATURE Samuel C. Sweeney	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney-Phillips ADDRESS Warrensburg Mo.
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(Licensed Embalmer) (Statement on Reverse Side)

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

RECEIVED
JUL 25 1949
JOHNSON COUNTY HEALTH DEPT.

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.

Signed _____

R. A. Phillips

Signed _____
Student Embalmer

Licensed Embalmer No. _____

2320

P. O. Address _____

Warrensburg, 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.