

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Lemmons 19905
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 595

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>632 South Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>727 South Street</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ROY</u> | b. (Middle) <u>HOWELL</u> | c. (Last) <u>DODDS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1950</u> |
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| 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>Sept. 9 1885</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | 11. BIRTHPLACE (State or foreign country) <u>Lebanon, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Francis Dodds</u> | 13b. MOTHER'S MAIDEN NAME <u>Callie C. Darrow</u> | 14. NAME OF HUSBAND OR WIFE <u>X</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>No</u> | 16. SOCIAL SECURITY NO. <u>491-03-5997</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A.L. Armstrong</u> | ADDRESS <u>Spfld, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>0</u> |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (b) <u>Hypertensive and arterio-sclerotic heart disease</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from about 5:15 to 6:30, 1950, that I last saw the deceased alive on 6-28, 1950, and that death occurred at 5 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Bruce Lemmon Jr MD</u> (Degree or title) | 23b. ADDRESS <u>Prof. Bldg., Springfield, Mo</u> | 23c. DATE SIGNED <u>7-5-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/2/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-6-50</u> | REGISTRAR'S SIGNATURE <u>W E Daudley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u> | ADDRESS <u>Springfield, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

396

0396

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 William Freer

Signed.....
Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Springfield 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.