

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20164

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2547

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Luthern Hospital		d. STREET ADDRESS (If rural, give location) 3119 Olive Street	

3. NAME OF DECEASED (Type or Print) a. (First) Claire b. (Middle) Russell c. (Last) Dodge		4. DATE OF DEATH (Month) (Day) (Year) June 7 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 2 1898
9. AGE (In years last birthday) 52	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Expressman	10b. KIND OF BUSINESS OR INDUSTRY Santa Fe Railway	11. BIRTHPLACE (State or foreign country) Barkley Kansas
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME William H. Dodge	

13b. MOTHER'S MAIDEN NAME Elizabeth S. Hunt		14. NAME OF HUSBAND OR WIFE Lorraine Dodge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 714-01-6115	
17. INFORMANT'S SIGNATURE OR NAME Mrs Lorraine Dodge		ADDRESS 3119 Olive, K C Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr - 1 yr 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Coronary Heart Disease the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan 1949 to 7 June, 1950, that I last saw the deceased alive on 7 June, 1950, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Myers (Degree or title) Robert M. Myers M.D.	23b. ADDRESS 1025 Qualls Blvd	23c. DATE SIGNED 7 June 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 7 1950	24c. NAME OF CEMETERY OR CREMATORY Olathe City Cemetery
24d. LOCATION (City, town, or county) (State) Olathe Kansas		

DATE REC'D BY LOCAL REG. 6-8-50	REGISTRAR'S SIGNATURE Thereldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE H E Julien	ADDRESS H.E. Julien Olathe Kas
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No.....

Signed *C. Lester L. Harrison*

Signed.....
Student Embalmer

Licensed Embalmer No. *4569*

P. O. Address *Clatke Kas*

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.