

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23846

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give town) Jasper
c. LENGTH OF STAY (In this place) 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) Jasper
d. STREET ADDRESS

3. NAME OF DECEASED
a. (First) Thomas b. (Middle) Elbert c. (Last) DODD

4. DATE OF DEATH (Month) (Day) (Year)
July 19, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 7, 1869

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Retail Merchantile

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas Dodd

13b. MOTHER'S MAIDEN NAME Henrietta Dodd

14. NAME OF HUSBAND OR WIFE Hattie Handricks Dodd

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hattie Dodd, Jasper, 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostate Disease
DUE TO (c) Non Malignant
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1010X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 1-1-1948, to 7-19-1950, that I last saw the deceased alive on 7-19-1950, and that death occurred at 8-2-a-m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Knott M.D.

23b. ADDRESS Jasper, Mo.

23c. DATE SIGNED 7-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 21, 1950

24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

24d. LOCATION (City, town, or county) (State) Jasper, Mo.

DATE REC'D BY LOCAL REG. July 24, 1950

REGISTRAR'S SIGNATURE L. S. Clinton 139

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Selvey Sharp & Selvey, Jasper, Mo.

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

1490

RECEIVED 7-31-50
Jasper County Health Office

County File Number 50-7-58

Date Filed 7-31-50

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~~ _____

Glen A. Gibbons
working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Glen A. Gibbons*

Licensed Embalmer No. *4624*

P. O. Address *Jasper 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.