

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40108

210
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>64</u>	PRIMARY REG. DIST. NO. <u>5245</u>	Registrar's No. <u>79</u>
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. <u>Mo</u> Mo. b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Keytesville, Twp.</u>		c. LENGTH OF STAY IN THIS PLACE <u>5</u> years	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Keytesville Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital or institution, give street address or location</u> <u>Chariton County Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles E. of Keytesville</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>William</u>	c. (Last) <u>Dodge</u>	4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>28</u> (Year) <u>1950</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>Sept. 15, 1868</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR (Months) <u>0</u> (Days) <u>13</u> IF UNDER 24 HRS. (Hours) _____ (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Chariton County Mo.</u>	
13a. FATHER'S NAME <u>John Dodge</u>		13b. MOTHER'S MAIDEN NAME <u>Elmira Hise</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie Dodge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Gerald Brown Bynumville Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> <u>Chronic</u> <u>(Dr. C. C. Meyer)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>22</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>Mar 24, 1950</u> , to <u>Nov 28, 1950</u> , that I last saw the deceased alive on <u>Nov 25, 1950</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Carl C. Meyer</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Keytesville Mo.</u>	23c. DATE SIGNED <u>12/1/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 30, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fitzgerald Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/2/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	55	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>[Signature] Keytesville, Mo.</u>	

Date Received: DEC 13 1960
DISTRICT HEALTH OFFICE #2
District File Number 18-20-21
Date Filed: DEC 14 1960

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.....
Student Embalmer

Signed *Salisbury K. Tibbatts*

Licensed Embalmer No. *4508*

P. O. Address *Salisbury*

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.