

FILED JUL 3-1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20479

No. 300  
10 48  
480

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

BIRTH NO. _____		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5575		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson					
b. CITY OR TOWN Rural Hickman Mills		c. LENGTH OF STAY (In this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman Mills (Rural) 0480					
d. FULL NAME OF HOSPITAL OR INSTITUTION 83rd & Sunset Drive				d. STREET ADDRESS (If rural, give location) 83rd & Sunset Drive					
3. NAME OF DECEASED (Type or Print) EMMA			a. (First) C		b. (Middle) DODD		c. (Last)		
4. DATE OF DEATH June 19 1951		5. SEX fe		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid. <input checked="" type="checkbox"/>		8. DATE OF BIRTH Oct 14 1871	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.		11. BIRTHPLACE (State or foreign country) 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY? USA		11. BIRTHPLACE (State or foreign country) 9	
13a. FATHER'S NAME Will Teeters			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Steve			
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Evans, 83rd & Sunset Drive					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma						INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetic Mellitus. DUE TO (c) Paralysis optica - Hypertension. Chronic Nephritis.						4-5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X						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) m.		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 July 1949, to June 18, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Theodore Coranog D.O.				23b. ADDRESS Raytown, Mo		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-21-1951		24c. NAME OF CEMETERY OR CREMATORY Cedarville		24d. LOCATION (City, town, or county) (State) Cedarville, Mo			
DATE REC'D BY LOCAL REG. June 20, 51		REGISTRAR'S SIGNATURE Dr. Annie B. Hodges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Blackman & Son, Inc Kansas City, Mo					

JUL 2 1956

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 Bert S. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4656

P. O. Address Kansas City

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.