

FILED JUN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21579

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>2503</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>68 OR TOWN Kirkwood</u>		<u>4683</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White Oaks Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>626 Evans Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u>		b. (Middle) <u>Beeler</u>		c. (Last) <u>Dodge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 2, 1887</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kinsley, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>			
13a. FATHER'S NAME <u>Charles W. Beeler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Orion Virgil Dodge</u>					
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Searles Edwards Kirkwood</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>								<u>3 days</u>	
ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b): <u>Carcinomatosis, general</u>				<u>14 mos.</u>	
				DUE TO (c): <u>Carcinoma of the rectum</u>				<u>1 1/2 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>154 X</u>				<u>3 yrs.</u>	
19a. DATE OF OPERATION <u>Apr 4, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum with lymph node metastases</u>				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>Feb 1, 1951</u> , to <u>June 24, 1951</u> , that I last saw the deceased alive on <u>June 21, 1951</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jean M.D.</u> (Degree or title)				23b. ADDRESS <u>4500 W Pine</u>		23c. DATE SIGNED <u>6-25-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-25-51</u>		REGISTRAR'S SIGNATURE <u>Hubert O. Lomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfizinger</u>		ADDRESS <u>Kirkwood</u>			

(Licensed Embalmer's Placement 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

William H. Fitzgerald

Signed.....

Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood, 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.