

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **229**

FILED JAN 19 1953

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <u>BOONE CO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> COUNTY <u>CRAYTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JOYCE GREEN TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>8214</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u> b. (Middle) <u>G</u> c. (Last) <u>DODGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>12</u> <u>1953</u>
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5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>Oct 19-1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>MACON CO GA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Spive Moberly</u>	13b. MOTHER'S MAIDEN NAME <u>Narcissa Byonn Tobey</u>	14. NAME OF HUSBAND OR WIFE <u>Dodge</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Moberly</u>	ADDRESS <u>CENTRALIA</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>13 hrs.</u> <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edematous Virus Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>480X</u>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-20-52, to 1-12-53, that I last saw the deceased alive on 1-11-53, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Centralia MO</u>	23c. DATE SIGNED <u>1-12-53</u>
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24a. BURIAL CREMATATION <u>Burial</u>	24b. DATE <u>1-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Great Green MO</u>	24d. LOCATION (City, town, or county) (State) <u>Great Green MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 12 1953</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B. Winkemeyer</u>	ADDRESS <u></u>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Chas B. Winkelmeyer

Licensed Embalmer No. *3842*

P. O. Address *Dalshury 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.