

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33371

FILED NOV 15 1954

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>309</u>
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>67 yrs.</u>	c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cobhatayette</u>		e. STREET ADDRESS (If rural, give location) <u>Cobhatayette 026 1/2</u>		
3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) _____	c. (Last) <u>Dodd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10-1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 26-1888</u>	9. AGE (In years last birthday) <u>66</u> 10. <u>7</u> 11. <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Capitol</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-34-6284</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Bolton J.C. 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, asthma, etc. It means the disease, injury, or complication which caused death:		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hyper tension</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u> <u>?</u>
19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>		
22. I hereby certify that I attended the deceased from <u>7 Nov. 1954</u> to <u>10 Nov. 1954</u> , that I last saw the deceased alive on <u>9 Nov. 1954</u> , and that death occurred at <u>5:40 AM</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>James G. Miller D.O.</u>		23b. ADDRESS <u>2 Jefferson City, Mo.</u>	23c. DATE SIGNED <u>12 Dec 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 12 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moncriev</u>	24d. LOCATION (City, town, or county) (State) <u>Cole County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 13-1954</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris MD-NR</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Robinson Service</u>		ADDRESS <u>J.C. Mo.</u>

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 365

P. O. Address Jmo!

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.