No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41549

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5617 Registrar's No. 52

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

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Fabius Twp.
c. LENGTH OF STAY (in this place): 29 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN: Fabius Twp.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0520

3. NAME OF DECEASED (Type or Print)
a. (First): HAZEL
b. (Middle): LOUISE
c. (Last): DODD

4. DATE OF DEATH (Month) (Day) (Year): Dec 19 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 20 1929
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months 6, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lewistown Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charley Tarpein
13b. MOTHER'S MAIDEN NAME: Nellie Strange
14. NAME OF HUSBAND OR WIFE: Joe P Dodd Newark Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Joe P Dodd Newark Missouri

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): Complete A-V Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Partial A-V Block — 8 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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): 4330
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1954, *to* Dec 19, 1954 *that I last saw the deceased alive on* Dec 14, 1954 *and that death occurred at* 1:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Waldo B. Isom MD
23b. ADDRESS: Knox City Mo
23c. DATE SIGNED: 12/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 22 1954
24c. NAME OF CEMETERY OR CREMATORY: Newark Cemetry
24d. LOCATION (City, town, or county) (State): Newark Missouri

DATE REC'D BY LOCAL REG.: Dec-21-54
REGISTRAR'S SIGNATURE: Neb S. Hurnett 151 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: A J Seeger Knox City Mo

OCT 17 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 297

P. O. Address Edina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.