

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1007**

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town or township) Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 weeks		e. STREET ADDRESS (If rural, give location) 722 W. Brower Street 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION Handley Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) VERNER	b. (Middle) VICTOR	c. (Last) DODD	4. DATE OF DEATH (Month) (Day) (Year) January 10, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 26 June 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman	10b. KIND OF BUSINESS OR INDUSTRY Sante Fe. R.R.	11. BIRTHPLACE (City and State or Foreign Country) Greene County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME M. A. Dodd	13b. MOTHER'S MAIDEN NAME Martha Richards	14. NAME OF HUSBAND OR WIFE Gladys Dodd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. M.A. Dodd, 722 W. Brower Street, Springfield, Missouri.	ADDRESS 722 W. Brower Street, Springfield, Missouri.
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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, asphyxia, 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) Pulmonary Edema		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) CVA		2 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x			1 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **Dec 10, 1955**, to **Jan 10, 1956**, that I last saw the deceased alive on **Jan 10, 1956**, and that death occurred at **3:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Carl W. Russell	(Degree or title) Dr.	23b. ADDRESS 1951 S. National Springfield, Mo.	23c. DATE SIGNED 1-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-12-56	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	24d. LOCATION (City, town, or county) (State) Greene County, Missouri.
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DATE REC'D BY LOCAL REG. 1-12-56	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thome	ADDRESS Springfield, Mo.
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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 *Ralph A. Thorne*.....

Licensed Embalmer No. 3681
Springfield,
P. O. Address.....Missouri..

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.