

FILED NOV 27 1957

STANDARD CERTIFICATE OF DEATH

43328

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 6254 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>WAYNE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEAR GREENVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>GREENVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		Length of stay in lb <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>WOODBERRY</u> Last <u>DODDS</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>16</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 27, 1886</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>19</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRIC</u>		11. BIRTHPLACE (City and state or country) <u>IND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13. FATHER'S NAME <u>JOHN W. DODDS</u>		
14. MOTHER'S MAIDEN NAME <u>LAURA WRIGHT</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		
16. SOCIAL SECURITY NO.			17. INFORMANT Address <u>RT 1</u> <u>Bertrude Russell Festus, Mrs.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crushed chest</u> DUE TO (c) <u>Crushed Right arm</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Walking on 67 Highway, truck struck him on the right hand side of Road.</u>			
20c. TIME OF INJURY Hour <u>7:00</u> p. m. Month, Day, Year <u>Nov 16, 1957</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>			
20e. CITY, TOWN, OR LOCATION <u>Near Greenville</u>		COUNTY <u>Wayne</u>		STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:00</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Marvin E. Bowler</u> 3 Coroner			22b. ADDRESS <u>Piedmont Mo.</u>		22c. DATE SIGNED <u>Nov. 17, 1957</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 18-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Malden</u>		23d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>
24. FUNERAL DIRECTOR <u>Wash Funeral Home - Greenville Mo.</u>		ADDRESS <u>Greenville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 19-1957</u>	26. REGISTRAR'S SIGNATURE <u>Bretta M. Ward</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

DEC 13 1957
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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 me Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Morris E. Bowles

Licensed Embalmer No. 44
P. O. Address Redwood

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.