

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033596

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Versailles</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Versailles</u> <u>07' 6"</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 <u>210 E. Jasher</u>		Length of stay in lb <u>50 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>210 E. Jasher</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Maude</u> Middle <u>Louise</u> Last <u>Jodd</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>24</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 16, 1880</u>	9. AGE (In years from birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</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	11. BIRTHPLACE (City and state or country) <u>Moniteau Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Martin Spidel</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Kieffer</u>	14. NAME OF HUSBAND OR WIFE <u>Warren B. Jodd</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Warren B. Jodd Versailles, Mo.</u>
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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>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Senile dementia</u>		<u>1 yr.</u>
	DUE TO (c) <u>generalized arterial sclerosis</u>		<u>2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour <u>3:30 p.m.</u> Month, Day, Year <u>Versailles Morgan Mo.</u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Versailles</u>	COUNTY <u>Morgan</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>1936</u> to <u>Sept 24-58</u> and last saw her <u>live on Sept 2-1958</u> Death occurred at <u>3:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>A. J. Gunn M.D.</u> (Degree or title)	22b. ADDRESS <u>Versailles Mo.</u>	22c. DATE SIGNED <u>9/25/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>26 Sept. 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>
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24. FUNERAL DIRECTOR <u>W. F. Kidwell Versailles, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9/25/58</u>	26. REGISTRAR'S SIGNATURE <u>J. H. Hest</u>
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Every ceremony, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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1-57

14
0

OCT 6 1958

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 *Raymond C. Foster*

Licensed Embalmer No. *4626*

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