Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033843
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 355

1. PLACE OF DEATH a. COUNTY Randolph b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Huntsville — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Holman Heights — Length of stay in 1b 14 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph c. CITY OR TOWN Huntsville — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) Holman Heights — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First James Middle Ward Last Dodd

4. DATE OF DEATH: Month September Day 25 Year 1958

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 26, 1895

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming & school bus driver

10b. KIND OF BUSINESS OR INDUSTRY: same as 10a

11. BIRTHPLACE (City and state or country): Chariton County, Missouri

12. CITIZEN OF WHAT COUNTRY? United States

13a. FATHER'S NAME: Carrie Dodd

13b. MOTHER'S MAIDEN NAME: Don't know

14. NAME OF HUSBAND OR WIFE: Laura Elizabeth Dodd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 490-18-5067

17. INFORMANT: Woodrow Dodd: Address Huntsville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sub arrachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Gunshot wound — Instant

DUE TO (c) 976 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gunshot wound inflected by him self.

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 9-25-58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION: Huntsville — COUNTY: Randolph — STATE: Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at Found at 8:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Benj. S. Jolly D.O. Coroner

22b. ADDRESS: 203½ N. Clark, Moberly Mo

22c. DATE SIGNED: 10-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 9-27-1958

23c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery

23d. LOCATION (City, town, or county) (State): Huntsville, Missouri

24. FUNERAL DIRECTOR: Tom B Patton — ADDRESS: Huntsville Mo

25. DATE RECD. BY LOCAL REG.: 10/6/1958

26. REGISTRAR'S SIGNATURE: Mary H. Bentley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 5 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.