Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014378
STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rolla — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Phelps Co. Hosp. — Length of stay in lb 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Phelps
c. CITY OR TOWN ST. James 0810 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Julia Middle F. Last Dodd

4. DATE OF DEATH Month May Day 2 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 6-24-1884
9. AGE (In years last birthday) 74 — 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Crawford Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edw. Lewis
13b. MOTHER'S MAIDEN NAME Do Not Know
14. NAME OF HUSBAND OR WIFE Dennis Dodd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 500-10-2025
17. INFORMANT Dennis Dodd — Address ST James, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Fracture left hip — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fall
DUE TO (c) 9030
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility 20

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

MEDICAL CERTIFICATION

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell on rug, at home
20c. TIME OF INJURY Hour a.m. 6:30 Month, Day, Year April 21, 1959
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION St. James — COUNTY Phelps 081 — STATE Mo

21. I attended the deceased from Jan 1956, to May 2, 1959 and last saw her alive on May 2, 1959
Death occurred at 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James L. Butts MD.
22b. ADDRESS Rolla, Mo.
22c. DATE SIGNED 5/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-5-59
23c. NAME OF CEMETERY OR CREMATORY Masonic Cem.
23d. LOCATION (City, town, or county) (State) ST. James, MO.

24. FUNERAL DIRECTOR Oral E. Lichlider — ADDRESS ST James, Mo.
25. DATE RECD. BY LOCAL REG. May 6, 1959
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Drew E. Lickliter

Licensed Embalmer No. 3544

P. O. Address St James M

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.