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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016703

STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 31 Primary Registration District No. 5108 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Williams — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 ½ Mi. East Cole Camp — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~XXXXXX~~ Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 8344 Oldham Road (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Donna — Middle Flo — Last Dodd

4. DATE OF DEATH: Month June — Day 8th — Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 5th 1930
9. AGE (In years last birthday): 29 — 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): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Resort
11. BIRTHPLACE (City and state or country): Farmington Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Frank Burgen
13b. MOTHER'S MAIDEN NAME: Pearl Stowers
14. NAME OF HUSBAND OR WIFE: Wayne Dodd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-30-8255
17. INFORMANT: Edna Baber Address: Eldon Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Paralysis	5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Fractured Neck & General Body Cocussion	5. min.
DUE TO (c)	Automobile Accident on Public Highway	5 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Avaiable evidence indicated excessive speeding

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile accident - Evidence indicated excessive speeding.
20c. TIME OF INJURY: Hour 4:00 a.m. p.m. — Month, Day, Year 6-8-59
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.): Public Highway
20f. CITY, TOWN, OR LOCATION: Williams Township — COUNTY: Benton — STATE: Mo.

21. I attended the deceased from Dead on arrival and last saw her/him alive on XXXXX
Death occurred at 4:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Russell DO
22b. ADDRESS: Warsaw, Mo.
22c. DATE SIGNED: 6/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 12, 1959
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
23d. LOCATION (City, town, or county) (State): Kansas City Mo

24. FUNERAL DIRECTOR: E L Eickhoff — ADDRESS: Cole Camp Mo
25. DATE RECD. BY LOCAL REG.: June 9, 1959
26. REGISTRAR'S SIGNATURE: E L Eickhoff

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 7 1959

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 E. L. Eckhoff

Licensed Embalmer No. 730

P. O. Address Gale Park

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.