MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1961

-61-000807
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 19

RITE TUB AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett
Length of stay in Ib: 13 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Presnell Hospital
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First ORA Middle ESTELL Last DODD
4. DATE OF DEATH: Month January Day 22 Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov.13,1908
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Craighead County, Ark.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joe Farmer
13b. MOTHER'S MAIDEN NAME: Pearl Fowler
14. NAME OF HUSBAND OR WIFE: Joe 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.: unknown
17. INFORMANT: Joe Dodd, Address: Clarkton, 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): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gall stones - Cholecystitis 1-19-61
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1-12-61 to and last saw her alive on 1-22-61
Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Paul C. Mullenhagen M.D.
22b. ADDRESS: Kennett, Mo.
22c. DATE SIGNED: 1-27-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan.25,1961
23c. NAME OF CEMETERY OR CREMATORY: Stanfield Cemetery
23d. LOCATION (City, town, or county) (State): Clarkton, Missouri
24. FUNERAL DIRECTOR: Landess Funeral Home, Campbell, Mo.
ADDRESS
26. DATE RECD. BY LOCAL REG.: Jan 30-1961
26. REGISTRAR'S SIGNATURE: Earl Hardman

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1961

MAR 8 1961

Co. File No. 961-40

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 Christine M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.