

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12726  
State File No. ....  
Registrar's No. 116

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5507

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (When deceased lived. If institution: entrance before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Due		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Due	
c. LENGTH OF STAY (in this place) 7yrs.		0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Part of Town		d. STREET ADDRESS (If rural, give location) North Part of Town 0	

3. NAME OF DECEASED (Type or Print) Charles	a. (First) A.	b. (Middle) Dody	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 5 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH January 8 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 27	IF UNDER 1 YEAR Hours -	IF UNDER 1 YEAR Mins -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Ohio /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME August Dody	13b. MOTHER'S MAIDEN NAME Minnie Baker	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Earl Dody	ADDRESS La Due, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia, Malignant</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Feb. 14, 1949* to *May 5, 1950*, that I last saw the deceased alive on *May 2, 1950*, and that death occurred at *10:00 A.M.* from the causes and on the date stated above.

23a. SIGNATURE <i>James O. Smith M.D.</i>	23b. ADDRESS <i>Clinton, Missouri</i>	23c. DATE SIGNED <i>May 6, 1950</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 7, 1950	24c. NAME OF CEMETERY OR CREMATORY <i>Brownington Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Brownington, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>May-6-1950</i>	REGISTRAR'S SIGNATURE <i>Florence Adair</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ed Eubank</i>	ADDRESS <i>Clinton Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420

RECEIVED 5-8-50  
District Health Officer No. 71  
District File Number 4-50-467  
Date Filed 5-8-50

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 \_\_\_\_\_  
Student Embalmer

Signed *J. E. Williams Jr.*  
Licensed Embalmer No. 4510

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.