

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17834**

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4215** Registrar's No. **1740**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Bronnington, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Bronnington	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED a. (First) Cordelia b. (Middle) Maude c. (Last) Dody			4. DATE OF DEATH (Month) (Day) (Year) June 9 - 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 21 - 1895	9. AGE (In years last birthday) 57	10. IF UNDER 1 YEAR Month Day Hours Min. 0 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Brandon	13b. MOTHER'S MAIDEN NAME Rebecca Luallin	14. NAME OF HUSBAND OR WIFE Wm. Dody, Bronnington, Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ob. Maubach, Deepwater, Mo	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension - Paralytic Stroke		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Serulity - Arteriosclerosis DUE TO (c)		
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October, 19 40**, to **19 53**, that I last saw the deceased alive on **May, 19 53**, and that death occurred at **1 P** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. C. P. Brown	(Degree or title)	23b. ADDRESS 110 21 Deepwater, Mo	23c. DATE SIGNED 6-9-53
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE 6-10-53	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cem	24d. LOCATION (City, town, or county) (State) Bronnington, Mo
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DATE REC'D BY LOCAL REG. June 10-53	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE Tom Neust	ADDRESS Deepwater, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 10 1953

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 *Tom Hurst*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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.