

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 13

Primary Registration District No. 3014

Registrar's No. 9

STATE FILE NUMBER

**0047809**

1. PLACE OF DEATH

a. COUNTY Liberty

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Liberty

Length of stay in 1b  
50 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 339 N. main

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE mo

b. COUNTY Liberty

c. CITY OR TOWN Liberty

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
339 N. main

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First ROBERT

Middle

Last DODD

4. DATE OF DEATH

Month Dec Day 31 Year 64

5. SEX m

6. COLOR OR RACE negro

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH Aug 4-1881

9. AGE (last birthday) 83

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
laborer

10b. KIND OF BUSINESS OR INDUSTRY  
farm

11. BIRTHPLACE (City and state or country)  
Liberty, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

John Dodd

13b. MOTHER'S MAIDEN NAME

Louise Ann

NAME OF HUSBAND OR WIFE

Anna Belle Dodd

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.  
494-30-8088

17. INFORMANT

Jesse Dodd Liberty 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)

Cerebral embolism

INTERVAL BETWEEN ONSET AND DEATH

4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiac arrhythmia

1 day

DUE TO (c)

Coronary occlusion

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis, senility

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 1:10 p.m. Month, Day, Year 12-30-64

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

12-30-64 to 12-31-64

and last saw him alive on 12-31-64

Death occurred at

1:10 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. R. Morrison, D.D.

22b. ADDRESS

10 West Kansas

22c. DATE SIGNED

Liberty Mo 1-2-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-4-65

23c. NAME OF CEMETERY OR CREMATORY

Garman

23d. LOCATION (City, town, or county)

Liberty mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Church-Cremer Co. Liberty mo

25. DATE RECD. BY LOCAL REG.

1-4-65

26. REGISTRAR'S SIGNATURE

Ma Belle Graham

6983305

### 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

*John L. Lantry*

Licensed Embalmer No. 4448

P. O. Address

*Liberty 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.