

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9239**

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

BIRTH NO. _____		REG. DIST. NO. <b>213</b>		PRIMARY REG. DIST. NO. <b>5781</b>		Registrar's No. <b>449</b>		
1. PLACE OF DEATH a. COUNTY <b>Miller</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ulman (Glaize Twp)</b>		c. LENGTH OF STAY (In this place) <b>8 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ulman, Rural, Glaize Twp.</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>No</b>				d. STREET ADDRESS (If rural, give location) <b>D</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Wilmer</b>		b. (Middle) <b>Leslie</b>		c. (Last) <b>Hodge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 26, 1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>D</b>		8. DATE OF BIRTH <b>Oct 3, 1914</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>23</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Miller County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William Hodge</b>			13b. MOTHER'S MAIDEN NAME <b>Stella May Abbet</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-18-4497</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Stella May Hodge Ulman, Missouri</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Alcoholism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3200</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <b>Ulman, Glaize Twp. Miller Missouri</b>				
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 <b>Feb. 26, 1949</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:30 P m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Walter P. Hedges</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Iberia, Missouri</b>		23c. DATE SIGNED <b>2/26/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2/28/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Capps, Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Tuscumbia, Mo. Rural Mo.</b>		
DATE REC'D BY LOCAL REG. <b>March 4, 1949</b>		REGISTRAR'S SIGNATURE <b>Mrs C. R. Hawkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter P. Hedges</b>		ADDRESS <b>Iberia, Mo.</b>		

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAR 16 1949

OCT 4 1962

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.....

Walter P. Hedges

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.