

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32765

State File No. 50

FILED OCT 6 1949

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6183 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY OR TOWN <u>Rural - Polk</u>	c. LENGTH OF STAY (in this place) <u>42 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1 1/2 MI. WEST MILAN</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LLOYD</u>	b. (Middle) <u>LAMME</u>	c. (Last) <u>HODGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 8 49</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 27 1874</u>	9. AGE (In years) (last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>PAINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>WILLIAM T HODGE</u>	13b. MOTHER'S MAIDEN NAME <u>BETTIE S GARRETT</u>	14. NAME OF HUSBAND OR WIFE <u>VENNIE MAY RANSOM</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lloyd Hodge</u>	ADDRESS <u>Milans, Mo</u>
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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, asthma, 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) <u>Myocardial degeneration</u>		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>aortic stenosis</u>		45 3/4
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis + arthritis deformans</u>		? years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 4-9, 1948, to _____, 19____, that I last saw the deceased alive on 5-28, 1949, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph E. Prior DO</u>	23b. ADDRESS <u>Milans, Mo</u>	23c. DATE SIGNED <u>9-9-49</u>
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24a. BIRTHAL CREMATION REMOVAL (Specify) <u>Reburial</u>	24b. DATE <u>Sept 9</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amos</u>	24d. LOCATION (City, town, or county) (State) <u>Milans (Rural) Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 3-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	320	25. FUNERAL DIRECTOR'S SIGNATURE <u>Regan</u>	ADDRESS <u>Milans Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
20.48

RECEIVED
OCT 5 1949

JUL 30 1949

RECEIVED OCT 5 1949
District Health Officer No. 10
District File Number 10-49-17
Date Filed OCT 5 1949

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.

Signed.....
Samuel H. [Signature]

Licensed Embalmer No. 3792

Signed.....
Student Embalmer

P. O. Address *Melan Me*

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.