

FILED NOV 30 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 37910

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 192 PRIMARY REG. DIST. NO. 5709 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Buffalo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Buffalo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 mi. So. of Hart</b>		d. STREET ADDRESS (If rural, give location) <b>3 miles south of Hart</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Virda</b>	b. (Middle) <b>Victoria</b>	c. (Last) <b>Hodson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 14, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>October 5, '9A 57</b>	9. AGE (In years last birthday) (If under 1 year) (If under 1 month) (If under 1 hour) (If under 1 min.) <b>57</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Benton County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Rufus Goodnight</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Tabb</b>	14. NAME OF HUSBAND OR WIFE <b>Enoch Hodson</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <b>E.A. Hodson</b>	ADDRESS <b>Seneca, Mo. rte 2</b>
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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 <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</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>4501</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 **June 14, 1949**, to **June 14, 1949** that I last saw the deceased alive on **June 14, 1949** and that death occurred at **3 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. B. Roberts M.D.</b>	(Degree or title)	23b. ADDRESS <b>Seneca Mo.</b>	23c. DATE SIGNED <b>6/15/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 16 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Tiff City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Tiff City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6/20/49</b>	REGISTRAR'S SIGNATURE <b>Mrs. Fred W. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Kiddlecome</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

60  
0  
5No. 300  
10.48

**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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca W

**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.