

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2211

State File No. ....

0940  
2

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> TOWN <u>RURAL</u>	c. LENGTH OF STAY (in this city or township) <u>2 1/2</u> <u>11M; 1D</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Malden</u> TOWN <u>0351</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>HODGES (HODGE)</u>	4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>2,</u> (Year) <u>1950</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>Never Married</u>	8. DATE OF BIRTH <u>July 5, 1893</u>	9. AGE (In years, Appt birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Shady Grove, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lee H odges</u>	13b. MOTHER'S MAIDEN NAME <u>Phronia Sigler</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia, bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 das.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental deficiency with psychosis.</u>		

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Dec. 26, 1949, to Jan. 2, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at 3:15A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. B... M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>1-3-50.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gillied Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 3, 1950</u>	REGISTRAR'S SIGNATURE <u>Ether K... 288</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knight Funeral Home, Parma, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-9-50

District Health Officer No. 4

District File Number 150-50

Date Filed

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 Thomas E Knight

Licensed Embalmer No. 2189

P. O. Address Parina, 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.