

S. No. 38
 1050

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 28

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>3408</u> | | PRIMARY REG. DIST. NO. <u>4174</u> | | Registrar's No. <u>28</u> | |
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clay Township</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clay Township</u> | | 1050 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 miles E. of Newtown</u> | | | | d. STREET ADDRESS (If rural, give locality) <u>6 1/2 miles E. of Newtown</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MELTON</u> c. (Last) <u>HODSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1950</u> | | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u> | | 8. DATE OF BIRTH <u>July-27-1874</u> | |
| 9. AGE (In years last birthday) <u>75</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Newtown Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Hodson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Stout</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Mrs. Ida Holt Newtown Mo</u> | | | |
| 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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) <u>Chronic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cirrhosis of liver</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>10 years</u> <u>10 years</u> <u>5 years</u> | |
| 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) <u>442X</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> 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 <u>Oct. 10, 1944</u> , to <u>Feb. 4, 1950</u> , that I last saw the deceased alive on <u>Feb. 4, 1950</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>G. H. Dale D.O.</u> (Degree or title) | | | | 23b. ADDRESS <u>Newtown, Mo.</u> | | 23c. DATE SIGNED <u>2/6/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY <u>Newtown</u> | | 24d. LOCATION (City, town, or county) (State) <u>Newtown Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb 15-52</u> | | REGISTRAR'S SIGNATURE <u>Greta Caldwell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gould & Payne Newtown</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17

RECEIVED

FEB 17 19

District Health Office: No.

District File Number 2-50-

FEB 17 19

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 T. Howard Judd

Licensed Embalmer No. 3210

P. O. Address New Town

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.)

~~0 If this body is not embalmed, fact should be so stated above.~~

not used