

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14072

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5947</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James Township</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. ADDRESS (If rural, give location) <u>St. James, Missouri - Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u>			b. (Middle) <u>(none)</u>		c. (Last) <u>Hodge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1950</u>
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>Jan. 12, 1895</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during major part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Marie County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Hodge</u>			13b. MOTHER'S MAIDEN NAME <u>Mary An Tompson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hodge (wife)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If type, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Hodge, St. James, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> DUE TO (b) _____ DUE TO (c) _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>4201</u>	
19a. DATE OF OPERATION <u>none</u>		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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>March 23, 1950</u> , to <u>March 23, 1950</u> , that I last saw the deceased alive on <u>March 23, 1950</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Name D. G. ...</u>				23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>3/24/50</u>	
24a. BURYAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-26-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>4-17-50</u>		REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oral E. Eicklider</u>		ADDRESS <u>St. James, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 4-20-50

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

me Student Embalmer No. _____

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address St James, 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.