S. No. 300
. 10-48

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

17545

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 34

0681
1

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

**1. PLACE OF DEATH**
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California 0681
d. STREET ADDRESS (If rural, give location): East Street 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): MYRTLE
c. (Last): HODEL

**4. DATE OF DEATH** (Month) (Day) (Year): May 29, 1950

**5. SEX**: Female /
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married /
**8. DATE OF BIRTH**: Aug. 20, 1871
**9. AGE** (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (State or foreign country): Moniteau County 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Hutchin B. Gray
**13b. MOTHER'S MAIDEN NAME**: Letitia Inglish
**14. NAME OF HUSBAND OR WIFE**: Joe Hodel

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: No
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Joe Hodel Cal. Mo

**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): Chronic myocarditis with myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 yr. +

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Bronchiectasis — 30 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 526X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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): California Moniteau Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-19, 1950, *to* 5-28, 1950, *that I last saw the deceased alive on* 5-28, 1950, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): R B Fulks MD 0
**23b. ADDRESS**: California Mo
**23c. DATE SIGNED**: 5-31-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: 5/31/50
**24c. NAME OF CEMETERY OR CREMATORY**: California Evangelical
**24d. LOCATION** (City, town, or county) (State): California, Mo.

**DATE REC'D BY LOCAL REG.**
**REGISTRAR'S SIGNATURE**: 202 1
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: WILLIAMS & FRIEDMEYER SERVICE, California, Mo.

X

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 6 1950
District Health Officer No. 9,
District File Number.....

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.

Student Embalmer No.....

Signed W E Friedmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California 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.