

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

01870
State File No. 22913

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5136</u>		Registrar's No. <u>285</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BEAVER DAM</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROUTE 5 (BEAVER DAM)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME RT 5 POPLAR BLUFF</u>				d. STREET ADDRESS (If rural, give location) <u>POPLAR BLUFF</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NETTIE</u>		b. (Middle) <u>C</u>		c. (Last) <u>HODGE</u>	
		4. DATE OF DEATH		(Month) (Day) (Year)		<u>7-9-1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-18-1872</u>	
9. AGE (In years last birthday)		If UNDER 1 YEAR Months Days		If UNDER 24 HRS. Hours Min.		<u>77</u> <u>8</u> <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>CORBEN ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>JOHN F. LINGLE</u>		13b. MOTHER'S MAIDEN NAME <u>MALISSA CATES</u>		14. NAME OF HUSBAND OR WIFE <u>J. M. HODGE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. M. HODGE, RT#5 POPLAR BLUFF 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>a general carcinoma</u> DUE TO (c) <u>emphysema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 1/2 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>		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>1/1</u> , 19 <u>48</u> , to <u>July 9, 1950</u> , that I last saw the deceased alive on <u>July 6, 1950</u> , and that death occurred at <u>1:25 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. J. ...</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Waylor rd</u>		23c. DATE SIGNED <u>7/9/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WICKRUM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BUTLER Co., MO.</u>	
DATE REC'D BY LOCAL REG. <u>July 10 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. F. Selig, Black's Mortuary, Comings Bldg.</u>	

RECEIVED

JUL 21 1950

BUTLER CO. HEALTH CENTER

FILE No. 750-308

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 Roman J Selig Jr.

Licensed Embalmer No. 562

P. O. Address Corning, Ala

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.