S. No. 300
v. 10.48

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31066

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 346

0644

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 1000 Hill St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Marion 0644
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hannibal
d. STREET ADDRESS (If rural, give location) 1000 Hill St.

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) T. c. (Last) Hodgdon

4. DATE OF DEATH (Month) (Day) (Year) October 2, 1950

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 13, 1873
9. AGE (In years last birthday) 77 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) President Farmers & Merchants Bank
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles F. Hodgdon
13b. MOTHER'S MAIDEN NAME Alice Trowbridge
14. NAME OF HUSBAND OR WIFE Annie Hodgdon

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ann Dorsey Hodgdon 1000 Hill St.

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) gunshot wound Head. - acute. - INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) E 976 X
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
multiple recurring cerebral accidnets 2 yrs
hypertensive cardio vascular disease 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS ~~OF OPERATION~~ Under Doctors care for 2 yrs for mental + physical condition
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence
21c. (CITY, TOWN, OR TOWNSHIP) Hannibal COUNTY Marion (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 - 2 - 50 7:45 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflected Gun Shot wound

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE V. C. Suttzman (Degree or title) M.D.F.A.C.S.
23b. ADDRESS 115 N. 5th St., Hannibal, Mo
23c. DATE SIGNED 10/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 4, 1950
24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) Hannibal, Mo. (State)

DATE REC'D BY LOCAL REG. 10-11-50
REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE Ceanface Smith ADDRESS Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 13 1950
MARION CO. HEALTH DEPT.
FILED OCT 14 1950

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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal, 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.