

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4128A

State File No.

 BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside of corporate limits, write RURAL and give township) <u>Hillsboro</u>		c. CITY (If outside of corporate limits, write RURAL and give township) <u>0500</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Blanch</u> a. (First) <u>Hodges</u> b. (Middle) _____ c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1950</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (in years last birthday) <u>about 75</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 2 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>Unknown</u> <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. Lewis</u>		ADDRESS <u>Hillsboro Missouri</u>	
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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>Hemiplegia, right, due to cerebral thrombosis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis with mental deterioration</u> DUE TO (c) <u>Diabetes mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>3 years</u> <u>3 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>332X</u>	

19a. DATE OF OPERATION <u>12-12-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>See above</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Dec -, 1948, to Dec 12, 1950 that I last saw the deceased alive on Dec 8, 1950 and that death occurred at 3:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell M.D.</u> (Degree or title)		23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>12-12-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Desoto, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 14 '50</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Samuel B. Dietrich</u>		ADDRESS <u>Desoto Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

 500
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DATE RECEIVED 12-21-50
HILLBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 _____

Donald Biny
working under my personal supervision.

Student Embalmer No. *402*

Student *Donald Biny*
Student Embalmer

Signed *Donald B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Leeds 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.