

FILED MAY 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11738

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 REGISTRAR'S NO. 177

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, write RURAL and give township) BEAVER DAM TWP.
c. LENGTH OF STAY (In this place) 50
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE MISSOURI; b. COUNTY BUTLER
c. CITY (If outside corporate limits, write RURAL and give township) ROUTE 5 POPLAR BLUFF
d. STREET ADDRESS (If rural, give location) BEAVER DAM TWP 0120

3. NAME OF DECEASED
a. (First) JOHN b. (Middle) MARSHAL c. (Last) HODGE
4. DATE OF DEATH (Month) (Day) (Year) 4 - 27 - 1951

5. SEX 0 MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 5-10-1862
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 11 Days 17 IF UNDER 24 Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET.) 10b. KIND OF BUSINESS OR INDUSTRY FARM 11. BIRTHPLACE (State or foreign country) JOHNSON CO., ILL 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME JIM HODGE 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE VETTIE C HODGE (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X 16. SOCIAL SECURITY NO. X 17. INFORMANT'S SIGNATURE OR NAME ADDRESS SIDNEY HODGE, RTH HARVIEL, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c) acute indigestion
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6 hrs
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4221
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 26 Apr 1951, to 27 Apr 1951, that I last saw the deceased alive on 27 Apr 1951, and that death occurred at 12:04 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 4-29-1951 24c. NAME OF CEMETERY OR CREMATORY COCKERM CEMETERY 24d. LOCATION (City, town, or county) (State) BUTLER CO., MO.

DATE REC'D BY LOCAL REG. APR. 28 1951 REGISTRAR'S SIGNATURE Wm. H. Johnson 428 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Selig, Black's Mortuary, Conway, Ark

(Licensed Embalmer's Statement on Reverse Side)

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

170

RECEIVED

MAY 2 - 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-186

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. _____

1562

P. O. Address _____

Corning, Ark

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.