

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23711

FILED AUG 15 1951

BIRTH NO.		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5757		Registrar's No. 37			
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries					
b. CITY OR TOWN Vichy		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Vichy		0630			
d. FULL NAME OF HOSPITAL OR INSTITUTION On Highway 63				d. STREET ADDRESS (If rural, give location) On Highway 63					
3. NAME OF DECEASED (Type or Print) EBONESER		a. (First)		b. (Middle) JOHNSON		c. (Last) HODGE			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 26, 1877			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, store clerk		10b. KIND OF BUSINESS OR INDUSTRY Dept. store		11. BIRTHPLACE (State or foreign country) Maries County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Mace H. Hodge		13b. MOTHER'S MAIDEN NAME Emmaline Daniels		14. NAME OF HUSBAND OR WIFE Mrs. Nancy Hodge			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-20-5488		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nancy Hodge ADDRESS Vichy, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				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) _____ DUE TO (c) _____					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 3-5-50 , 19__, to 8-5-51 , 19__, that I last saw the deceased alive on 8-5-51 , 19__, and that death occurred at 1:45 PM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. H. Davis M.D.				23b. ADDRESS Box 521 Rolla, Mo.		23c. DATE SIGNED 8-6-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery		24d. LOCATION (City, town, or county) (State) Phelps Co., Mo.			
DATE REC'D BY LOCAL REG. 8-10-51		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.			

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

7630
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File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 14 1951

RECEIVED

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.....
Student Embalmer

Signed..... *Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address..... *Rolla, 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.