

No. 300  
10.48  
LED AUG 14 1951

BIRTH NO. <u>214</u>		REG. DIST. NO. <u>214</u>		PRIMARY REG. DIST. NO. <u>5778</u>		Registrar's No. <u>507</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller - Rural</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Elizabeth</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Elizabeth</u>		d. STREET ADDRESS (If rural, give location) <u>Osage TWP</u> <u>0669</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Olvier</u> c. (Last) <u>Hodge</u>			
4. DATE OF DEATH (Type or Print) <u>July 13 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 15, 1988</u>		9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>7</u>		11. DAYS <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marys Home, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>George Hodge</u>		13b. MOTHER'S MAIDEN NAME <u>Parthenia Carcio</u>	
14. NAME OF HUSBAND OR WIFE <u>Katie Kesterson</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT'S SIGNATURE OR NAME <u>Katie Hodge</u>				18. ADDRESS <u>St. Elizabeth, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured abdominal viscera</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>accident</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>1 hr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>066 E9108</u> <u>11</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.) <u>woods</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osage Township Miller Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/13/51 3:30 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tree fell on the patient</u>					
22. I hereby certify that I attended the deceased from <u>7/13/51</u> , 19 <u>51</u> , to <u>7/13/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/13/51</u> , 19 <u>51</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.M. A. Gould</u>				23b. ADDRESS <u>Osage Mo.</u>		23c. DATE SIGNED <u>7/16/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 28, 1951</u>		REGISTRAR'S SIGNATURE <u>J. Schmitt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>		ADDRESS <u>Osage, Mo.</u>	

RECEIVED

AUG 8 1951

MILLER COUNTY HEALTH  
DEPARTMENT

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

*Walter P. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Shelby, 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.