

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27690

State File No.

FILED SEP 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5096</u>		Registrar's No. <u>58</u>		
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>				
b. CITY OR TOWN <u>California, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>California, Mo. 0687</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 North East St.</u>				d. STREET ADDRESS (If rural, give location) <u>302 North East St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>			b. (Middle) <u>WILLIAM</u>		c. (Last) <u>HODEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 24, 1877</u>	9. AGE (In years last birthday) <u>74</u>	10. MONTHS <u>6</u>	11. DAYS <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Christian Hodel</u>			13b. MOTHER'S MAIDEN NAME <u>Magdelene Martie</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Simmons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Kolt</u>				ADDRESS <u>California, 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, asthma, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found Dead - bed</u>						INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DUE TO (b) <u>Probable - Coronary thrombosis.</u>								
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>California Moniteau Mo</u>				
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 <u>from autopsy to death</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>about 11:00 AM on 8/26/51</u> at <u>home</u> of date stated above.								
23a. SIGNATURE <u>R. J. ...</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>8-27-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-29-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-28-51</u>		REGISTRAR'S SIGNATURE <u>N.R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.R. 203</u>		ADDRESS <u>A. E. Wilson California, Mo.</u>		

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

0687

RECEIVED 9-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-6-51

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 A. E. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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.