

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33050

BIRTH NO. 10-18-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4152 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood		02911			
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital 4mo.				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Martha			b. (Middle) G		c. (Last) Hodgson		4. DATE OF DEATH (Month) (Day) (Year) Oct 15 51		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 26, 1866		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days 8 19	IF UNDER 1 WEEK Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTHPLACE (State or foreign country) Pekin Ill		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Dillon			13b. MOTHER'S MAIDEN NAME Mary H Terrill		14. NAME OF HUSBAND OR WIFE Isaac L Hodgson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nelson Hodgson Lockwood 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serumity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured hip DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>June 5, 1951</u> , to <u>10-15, 1951</u> , that I last saw the deceased alive on <u>Oct 15, 1951</u> , and that death occurred at <u>12:20p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE T. D. Combs M.D. (Degree or title)				23b. ADDRESS Lockwood Mo			23c. DATE SIGNED 10-18-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-51	24c. NAME OF CEMETERY OR CREMATORY Lockwood		24d. LOCATION (City, town, or county) (State) Lockwood Mo				
DATE REC'D BY LOCAL REG. 10-18-51		REGISTRAR'S SIGNATURE Geo R. Weir			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. R. Williams Greenfield Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield
RECEIVED OCT 22 1960
Est File 1032-1823
B. F. L. 1032-1823

MS DEC 13 1960

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Me

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.