

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33120**

FILED NOV 8 1957

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4175 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Hart</u> <u>Merriam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hammersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hammersville</u> 0350	
c. LENGTH OF STAY (in this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>0</u>			

3. NAME OF DECEASED (Type or Print) <u>Jesse Lawrence Hodges</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>10 / 21 - 57</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1873</u> 78	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours

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>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Hart Knapp</u>	13b. MOTHER'S MAIDEN NAME <u>Hart Knapp</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Alice G. Hodge</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John Knapp</u>	ADDRESS <u>0</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Dec -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>002X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1957, to 10/20, 1957, that I last saw the deceased alive on 10/20, 1957, and that death occurred at 1:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. McLennan</u>	(Degree or title)	23b. ADDRESS <u>Hammersville Mo</u>	23c. DATE SIGNED <u>10/24/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Hammersville</u>	24b. DATE <u>10/22/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hammers</u>	24d. LOCATION (City, town, or county) (State) <u>Hammersville Mo</u>
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DATE REC'D BY LOCAL REG <u>10-25-57</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinschning</u>	86	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carver - for Hammersville</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-29-51
COUNTY FILE NUMBER 1051-289

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 W T. Emmer

Licensed Embalmer No. 352

P. O. Address Jarvisboro 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.