

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41207

State File No. ....

FILED DEC 19 1951

BIRTH NO. 94449-51 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 158

0362  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Cuba Mo. 63001</u>	
c. LENGTH OF STAY (In this place) <u>Wife</u>		d. STREET ADDRESS (If rural, give location) <u>W. IV. STAR # 11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u> b. (Middle) <u>TYECE</u> c. (Last) <u>HODGES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7, 1951</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>Dec. 7, 1951</u>		9. AGE (In years last birthday) <u>5 mos</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>5</u> Days <u>11</u> <input type="checkbox"/> UNDER 12 HRS. Hours <u>5</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>BENJAMIN HEE Hodges</u>		13b. MOTHER'S MAIDEN NAME <u>THELMA LIZ Muir</u>		14. NAME OF HUSBAND OR WIFE	
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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>THELMA LIZ Hodges</u> ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis Rt lung - Congenital</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Rt. Clubfoot (Congenital)</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7620</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) (m.)		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 Dec 7, 1951, to Dec 7, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Delatore MD</u> (Degree of title)		23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>12/9/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Pen, Cuba Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 11, 1951</u>		REGISTRAR'S SIGNATURE <u>F. P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanklin</u> ADDRESS <u>Cuba, Mo.</u>	
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RECEIVED

DEC 17 1951

DISTRICT HEALTH OFFICE No. 4

File No.

STATEMENT BY LICENSED EMBALMER

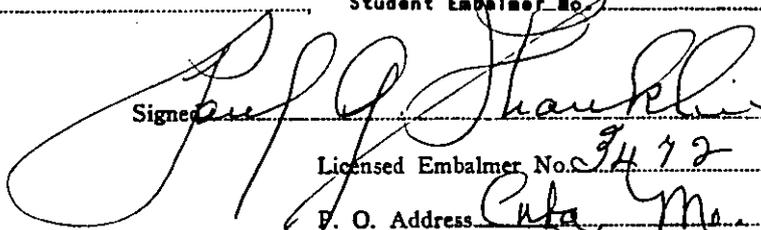
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_



Licensed Embalmer No. 9472

P. O. Address Cata, 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.