

## STANDARD CERTIFICATE OF DEATH

State File No. 42474

FILED DEC 19 1951

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 278	
1. PLACE OF DEATH a. COUNTY <i>Pettus</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Pettus</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. LENGTH OF STAY (In this place) <i>45 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		d. STREET ADDRESS (If rural, give location) <i>309 W Pettus</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>307 W Pettus</i>				3. NAME OF DECEASED. a. (First) <i>Clarence</i> b. (Middle) <i>Spencer</i> c. (Last) <i>Hodges</i>			
5. SEX <i>M. Negro</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		8. DATE OF BIRTH <i>10-15-1882</i>	
9. AGE (In years last birthday) <i>69</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>R.R. Conductor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Porter</i>		11. BIRTHPLACE (State or foreign country) <i>Longwood, Pettus</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Frank Hodges</i>		13b. MOTHER'S MAIDEN NAME <i>Charlotte Brown</i>		14. NAME OF HUSBAND OR WIFE <i>unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Mary White - Sedalia, Mo</i>			
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) <i>Myocarditis, Chronic</i> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4222</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <i>11:50 AM</i>		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 <i>as before</i> , <i>10</i> , that I last saw the deceased alive on <i>10</i> , and that death occurred at <i>9:00 A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Chas Gordon Stauffer MD</i> (Degree or title)				23b. ADDRESS <i>Corning &amp; Peelle Co.</i>		23c. DATE SIGNED <i>12-2-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-3-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calveroods Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>7165 Sedalia, Mo</i>	
DATE REC'D BY LOCAL REG. <i>12/3/1951</i>		REGISTRAR'S SIGNATURE <i>A. Campbell</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. D. Ferguson Sedalia, Mo</i>			

251-1

(Licensed Embalmer's Statement on Reverse Side)

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

0804

DEC 18 1951

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number

DEC 18 1951

Date Filed

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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 *F. D. Ferguson*

Licensed Embalmer No. *2172*

P. O. Address *Sedalia*

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.