

JUN 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21280

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Portageville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Portageville</i> 0721	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 3	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clara</i> b. (Middle) <i>Nodges</i> c. (Last) <i>Moore</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 18-1952</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 26-1893</i>
9. AGE (If years last birthday) <i>58</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <i>Mississippi Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James F. Hodges</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Maxwell</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Corralia Maclean</i> ADDRESS <i>Portageville Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Possible Cerebral Embolism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Immed.</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Chr. Myocarditis</i> <i>3 yrs.</i>	
DUE TO (c) <i>Hypertension</i> <i>6 yrs.</i>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes Mellitus</i> <i>14 yrs.</i>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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)	
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 <i>March, 1946</i> , to <i>6-5</i> , 1952, that I last saw the deceased alive on <i>6-5</i> , 1952, and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John J. Killian MD</i> (Degree or title)		23b. ADDRESS <i>Portageville Mo.</i>	
23c. DATE SIGNED <i>6-19-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>6/21/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Portageville</i>	
24d. LOCATION (City, town, or county) (State) <i>Portageville, Mo.</i>		DATE REC'D BY LOCAL REG. <i>6/21/52</i>	
REGISTRAR'S SIGNATURE <i>Clara De Lisle</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Paul Salmon</i> ADDRESS <i>Kennett Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. Palmer

Licensed Embalmer No. 2556-

P. O. Address Farmington, 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.