

No. 300
10.48

FILED JUL 2- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21458

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> <u>1872</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>104 N. Spilman Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>104 N. Spilman Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEVADA</u>	b. (Middle) <u>MURL</u>	c. (Last) <u>HODGES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 11, 1898</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Osage County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Leander Lambeth</u>	13b. MOTHER'S MAIDEN NAME <u>Beatrice Dallard</u>	14. NAME OF HUSBAND OR WIFE <u>Delbert</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Delbert Hodges</u>	ADDRESS <u>Rolla, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 yrs</u> <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> DUE TO (c) <u>Appendectomy</u>		
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	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) (Min.)	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 6-7-1952 to 6-23-1952, that I last saw the deceased alive on 6-23-1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Higgins M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Rolla, Mo.</u>	23c. DATE SIGNED <u>6/23/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Phelps County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 23, 1952</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u>	ADDRESS <u>Rolla, Mo.</u>
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County File Number
Date Filed 6-30-52

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rollas, 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.