

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27135**

5. No. 300  
v. 10-48

**FILED AUG 18 1952**

Registrar's No. **216**

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>0006</b>		Registrar's No. <b>216</b>	
1. PLACE OF DEATH a. COUNTY <b>BOONE</b> <span style="float:right">01050</span>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BOONE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b>		c. LENGTH OF STAY (in this place) <b>34 DA.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CASSVILLE</b>		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ELMS FISCHER STATE CANCER</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GERTRUDE</b>			b. (Middle)		c. (Last) <b>HODGES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 10 - 1952</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>May 27, 1894</b>	9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR: Months   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BARRY COUNTY Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOSEPH HUDSON</b>		13b. MOTHER'S MAIDEN NAME <b>ADA CORA MAXWELL</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM HODGES</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HOSPITAL RECORDS Columbia</b>			
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) <b>Lymphosarcoma, general.</b> ANTECEDENT CAUSES <b>primary undetermined</b> 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 <b>1 yr.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>2001</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>7 - 7, 1952</b> , to <b>8 - 10, 1952</b> , that I last saw the deceased alive on <b>8 - 10, 1952</b> , and that death occurred at <b>2:35 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Richard E. Johnson, M.D.</b>				23b. ADDRESS <b>Columbia, Mo</b>		23c. DATE SIGNED <b>8-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 12 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cassville</b>		24d. LOCATION (City, town, or county) (State) <b>Cassville Mo</b>	
DATE REC'D BY LOCAL REG. <b>Aug 11 1952</b>		REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>		31-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ad Willett Columbia Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 13 1952

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

*Lynnan H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.