

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6584**
Registrar's No. **33821**

FILED MAR 3 - 1953

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **4244**

0490
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Centerville		c. LENGTH OF STAY (In this place) 2 1/2 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chaney Rest Home		c. CITY (If outside corporate limits, write RURAL and give township) Centerville	
		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) Thomas b. (Middle) _____ c. (Last) Hodge			4. DATE OF DEATH (Month) (Day) (Year) 2-22-1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 11-13-1866
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Co. Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? Native
13a. FATHER'S NAME Rufus Hodge		13b. MOTHER'S MAIDEN NAME Elizabeth French	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Arrol Hodge ADDRESS Aurora Mo.
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) Pneumonia INTERVAL BETWEEN ONSET AND DEATH _____ 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. 491X	
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) (m.)		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 Feb. 20, 1953 , to Feb. 22, 1953 , that I last saw the deceased alive on Feb. 22, 1953 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. G. Egan M.D.		23b. ADDRESS Joplin Mo 2453	
23c. DATE SIGNED 2-24-53			
24a. BURIAL-CREMA-TION-REMOVAL (Specify) Burial		24b. DATE 2-25-1953	
24c. NAME OF CEMETERY OR CREMATORY Hopevale Cem.		24d. LOCATION (City, town, or county) (State) West of Mt. Vernon Mo.	
DATE REC'D BY LOCAL REG. 2-24-53		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	
		FUNERAL DIRECTOR'S SIGNATURE Morris Deimon ADDRESS Miller Mo.	

RECEIVED 3-2-53
Jasper County Health Office

County File Number 52/3/205

Date Filed 3-2-53

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 E. P. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.