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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10866

State File No. ....

FILED **MAR 30 1953**

REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>614 Wilkerson</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>SAMUEL</u>	c. (Last) <u>Hodges</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>March 18 1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 14 - 1894</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>59</u> <u>2</u> <u>4</u> <u>1</u> <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mr. Pae. Shops</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Samuel Hodges</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Gold</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Winters Hodges</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>yes</u>	16. SOCIAL SECURITY NO. <u>702-16-1811</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W. S. Hodges</u> ADDRESS <u>Sedalia</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premia. Acute Suppression.</u>		<u>4 days.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus Infection and Virus Pneumonia.</u> DUE TO (c)		<u>4 days.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Aortic Regurgitation.</u>		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>492X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>	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 March 14th 1953 to March 18th 1953, that I last saw the deceased alive on March 18th 1953, and that death occurred at 2:46 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>	23b. ADDRESS <u>Jno. B. Carlisle, M.D. Sedalia, Missouri.</u>	23c. DATE SIGNED <u>March 19th</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-20-53</u>	REGISTRAR'S SIGNATURE <u>W. Campbell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros.</u> ADDRESS <u>Sedalia</u>
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251-0 (Licensed Embalmer) Statement on Reverse Side

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

30 1953

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 \_\_\_\_\_

*James R. Asbren*

Student Embalmer No. *477*

working under my personal supervision.

Student *James R. Asbren*  
Student Embalmer

Signed *Philip M. Laughlin*  
Licensed Embalmer No. *3729*

P. O. Address \_\_\_\_\_

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.