

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

State File No. **27407**  
Registrar's No. **119**

FILED **AUG 7 - 1953**  
**49191**

BIRTH NO. <b>49191</b>		REG. DIST. NO. <b>333</b>	PRIMARY REG. DIST. NO. <b>3074</b>	Registrar's No. <b>119</b>
1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Scott</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. DELTA Comm.</b>		d. STREET ADDRESS (If rural, give location) <b>235 NORTH WEST</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>SHARON</b> b. (Middle) <b>KAY</b> c. (Last) <b>HODGES.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 18 1953.</b>		
5. SEX <b>F.M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>	8. DATE OF BIRTH <b>JULY 18, 1953</b>	9. AGE (In years last birthday) Months Days <b>- - 2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sikeston, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>JAMES HODGES</b>		
13b. MOTHER'S MAIDEN NAME <b>MARTHA OLIVER</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James Hodges</b> ADDRESS <b>235 North West Sikeston</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chromatone birth</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Collapsus fulminans</b> DUE TO (c) <b>-</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>1 day</b>
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) <b>7625</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>7-18 1953</b> to <b>7-18 1953</b> that I last saw the deceased alive on <b>7-18 1953</b> and that death occurred at <b>5:20 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>James C. Mc Clell</b>		23b. ADDRESS <b>Sikeston Mo</b>		23c. DATE SIGNED <b>7/21/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>JULY 18, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETARY</b>
24d. LOCATION (City, town, or county) (State) <b>Sikeston Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Willa Taylor</b> ADDRESS <b>Sikeston Mo</b>		
DATE REC'D BY LOCAL REG. <b>7-31-53</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Lundy</b>		

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

RECEIVED AUG 3 1953  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 853-120 178

**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 Body Not Embalmed

Licensed Embalmer No. ....

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.