

FILED AUG 21 1953 STANDARD CERTIFICATE OF DEATH

30764

State File No. 127

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 4490		Registrar's No. 127	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Blodgett		c. LENGTH OF STAY (in this place) 17 years		c. CITY (If outside corporate limits, write RURAL and give township) Blodgett		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. W.F. Bradley				d. STREET ADDRESS (If rural, give location) Blodgett, Mo.			
3. NAME OF DECEASED (Type or Print) Emma		a. (First)		b. (Middle) Hodges		c. (Last) Erwin	
4. DATE OF DEATH August, 4, 1953		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May, 3, 1877	
5. SEX Female		6. COLOR OR RACE White		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
11. BIRTHPLACE (State or foreign country) Folsomville, Indiana		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Hodges		13b. MOTHER'S MAIDEN NAME Harriett Malissa Camp	
14. NAME OF HUSBAND OR WIFE J.F. Erwin (Dec'd)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME W.F. Bradley	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vascular Hypertension 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		331X	
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 1951 to 8/4, 1953, that I last saw the deceased alive on 6/13, 1953, and that death occurred at 5:00A m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Cran Mo		23c. DATE SIGNED 8/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/5/53		24c. NAME OF CEMETERY OR CREMATORY McCutcheon Cemetery		24d. LOCATION (City, town, or county) (State) Evansville, Ind.	
DATE REC'D BY LOCAL REG. 8-15-53		REGISTRAR'S SIGNATURE Mrs. Olla Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS The Nunnelee Funeral Chapel, Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 853-188

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 Edward E. Jurek

Licensed Embalmer No. 4164

P. O. Address Chadron, N.

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.