

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

19695

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

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>212</u>  |  | PRIMARY REG. DIST. NO. <u>5779</u>   |  | Registrar's No. <u>258</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Iowa</u><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lake Ozark</u>  |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri Valley Rural</u>                        |  | d. STREET ADDRESS (If rural, give location) <u>Route 1</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. W. Bagnell Dam</u>   |  |  |  | 8148   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>DUANE</u><br>b. (Middle) <u>WILBUR</u><br>c. (Last) <u>HODGES</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 28, 1954</u> |  |  |  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   |  | 8. DATE OF BIRTH <u>Apr. 27, 1935</u>  |  |
| 9. AGE (In years last birthday) <u>19</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming &amp; Student</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country) <u>Woodbine, Iowa.</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  | 13a. FATHER'S NAME <u>Darrel W. Hodges</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Gladys M. Barnum</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>  |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Darrel W. Hodges Mo. Valley Ia.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Accidental drowning</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS-<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>E 851 X 38</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>immediate</u><br><u>immediate</u>   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake of Ozark</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Morgan Morgan Missouri</u>   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)<br><u>May 28 1954 3:40 p.m.</u>  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><u>blow - boat overturn</u>  |  |  |  | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:40 p.m.</u> m., from the causes and on the date stated above. |  |
| 23a. SIGNATURE<br><u>Gladys M. Barnum</u>   |  | (Degree or title) _____  |  | 23b. ADDRESS<br><u>Croft Versailles, Mo</u>  |  | 23c. DATE SIGNED<br><u>6-29-54</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  |  | 24b. DATE<br><u>June 29, 1954</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Magnolia</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Mo. Valley, Iowa</u>   |  |
| DATE REC'D BY LOCAL REG. <u>June 29, 1954</u>   |  | REGISTRAR'S SIGNATURE<br><u>Edw. Veretta Wall</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Louis D. Chalio</u>   |  | ADDRESS<br><u>Evans</u>  |  |

JUL 16 1954

JUL 18 1954

JUL 1

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-----

Louis D. Phillips

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. .... 3663

P. O. Address Eldon

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.