

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20033

State File No.

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 603 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lesterville</u>		c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lesterville</u>		d. STREET ADDRESS (If rural, give location) <u>0900</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u> b. (Middle) _____ c. (Last) <u>HODGES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1954</u>		
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 9 1882</u>	9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>3</u>
				11. DAYS <u>5</u>	12. HOURS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brunot Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Sencibaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Biebel</u>		14. NAME OF HUSBAND OR WIFE <u>John B. Hodges</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willard Hodges, Lesterville, Mo.</u>		
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 <u>Carcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION <u>1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Transverse Colon</u>			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) (Min)		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 <u>1952</u> , on <u>June 14, 1954</u> , and that death occurred at <u>3:00A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Willard Hodges</u>			23b. ADDRESS <u>Ironton Mo.</u>		23c. DATE SIGNED <u>6-16-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rayfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lesterville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/23/54</u>		REGISTRAR'S SIGNATURE <u>R. M. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS <u>Ironton Mo.</u>		

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

900
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Received 7-8-54
Reynolds County Health Ce
File No. 754 - 37

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Intertown, Va

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.