

FILED AUG 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29671

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6276</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>North</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>North</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Sheridan</u> TOWN <u>Mo</u>		c. LENGTH OF STAY (In this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Sheridan</u> TOWN <u>Mo-Rural-Union Sup</u>		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>White Home</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles East &amp; 3 miles South</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>		b. (Middle) <u>Alva</u>		c. (Last) <u>Hodges</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12-1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 19-1877</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>3</u>		11. DAYS <u>23</u>		12. IF UNDER 1 YEAR <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rockport Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Francis Alvon Hodges</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Burnes</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Smith Hodges</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clark Hodges</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary Occlusion</u>  ANTECEDENT CAUSES <u>Coronary Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Bronchiogenic Adenoma, 11 lower 6yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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) <u>X</u>			
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>19 47</u> to <u>August 12, 1954</u> , that I last saw the deceased alive on <u>August 12, 1954</u> , and that death occurred at <u>12:25 PM</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Frank B. Harrison MD</u>				23b. ADDRESS <u>Grant City, Mo</u>		23c. DATE SIGNED <u>8-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 16-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Vernon</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 21, 1954</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		345 FEDERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*John Andrews*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John Andrews*  
Licensed Embalmer No. *4211*

P. O. Address *Grant City Mo*

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.