

0090 /

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5714 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Bellingham</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bellingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Zalma Wayne</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Zalma</u> <u>0090</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Hodges</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-9-1891</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elyse Hodges</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John Sutley - Zalma Mo.</u> ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <u>Diabetes</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	
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)			
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>1 March</u> , 19 <u>52</u> , to <u>4 Feb</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4 Feb</u> , 19 <u>55</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Dr. D. Merrill</u>		23b. ADDRESS <u>Advance, Mo.</u>	
23c. DATE SIGNED <u>8 Feb 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>29-1-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>STANFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>near CLARKTON, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 10 1955</u>		REGISTRAR'S SIGNATURE <u>Williamson Auburgh</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u>		ADDRESS <u>Ark.</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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lloyd M. Jussere

Licensed Embalmer No.

509-9rk

P. O. Address

Piquette, Ark.

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.