

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10933**

FILED MAY 9 1955

BIRTH NO. _____ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN Lamar	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Hospital		No. STREET ADDRESS (If rural, give location) 301 West Tenth St.	

3. NAME OF DECEASED (Type or Print) a. (First) LOREN b. (Middle) CALVIN c. (Last) HODGE	4. DATE OF DEATH (Month) (Day) (Year) April 30, 1955
---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1927	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman	10b. KIND OF BUSINESS OR INDUSTRY Engineering Firm	11. BIRTHPLACE (City and State or Foreign Country) Plymouth, Indiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	---	--

13a. FATHER'S NAME Roy Hodge	13b. MOTHER'S MAIDEN NAME Mitchalene Glazebrook	14. NAME OF HUSBAND OR WIFE Eva Mills Hodge
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1-2-46 to 11-13-47	16. SOCIAL SECURITY NO. 497-22-3171	17. INFORMANT'S SIGNATURE OR NAME Mrs. Loren Calvin Hodge, Lamar, Mo.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Apr. 23, 55 Apr. 25, 55 Apr. 29, 55
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute appendicitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (3) Lower nephron nephrosis DUE TO (c) Bleeding dyscrasia Probably fibrinogenosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Apr. 25, 55	19b. MAJOR FINDINGS OF OPERATION Acute obstructed appendicitis.	20. AUTOPSY? 5500 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)	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 **Apr. 23, 1955**, to **April 30, 1955**, that I last saw the deceased alive on **Apr. 30, 1955**, and that death occurred at **12:42 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. T. Bichel, M.D.	(Degree or title)	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED 5/1/55
---	-------------------	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 2, 1955	24c. NAME OF CEMETERY OR CREMATORY East Lawn	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. MAY 2 - 1955	REGISTRAR'S SIGNATURE Marie Kovarsky 14-0	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.	ADDRESS
--	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

061 0

MAY 9 1956

JAN 17 1956

NOV 14 1956

MAY 11 1955

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.....
Signature of Student Embalmer

Signed *Clarence H. Gable*.....

Licensed Embalmer No. *347*.....

P. O. Address *Lawrence, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.