

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13458**
Registrar's No. **3698**

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 13458		Registrar's No. 3698	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Shannon					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS)			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Akers		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				STREET ADDRESS (If rural, give location) 1010 1					
3. NAME OF DECEASED (Type or Print) a. (First) LUCY			b. (Middle) BELLE		c. (Last) HODGES		4. DATE OF DEATH (Month) (Day) (Year) APRIL 26, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 12, 1894		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Sommersville, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Welch			13b. MOTHER'S MAIDEN NAME Mary Sommers			14. NAME OF HUSBAND OR WIFE Oliver Hodges			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Evangeline Smith			ADDRESS 4572 Parkview Pl.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Multinodular Nodules II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Thyroid - metastatic						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION metastatic						20. AUTOPSY? YES <input checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		194X			
22. I hereby certify that I attended the deceased from 4-22-55 , 19____, to 4-26-55 , 19____, that I last saw the deceased alive on 4-26-55 , 19____, and that death occurred at 12:45A m., from the causes and on the date stated above.									
23a. SIGNATURE A. E. Sarban				(Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 4-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-26-55		24c. NAME OF CEMETERY OR CREMATORY Rector Cemetery		24d. LOCATION (City, town, or county) (State) Rector, Mo.			
DATE REC'D BY LOCAL REG. APR 26 1955		REGISTRAR'S SIGNATURE J. Paul Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.				

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 *W W Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *Paris*

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.