

FILED JUN 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16217**BIRTH NO. **30980-55** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **103**

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If last location: residence before admission). a. STATE Mo b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rolla | | c. CITY (If outside corporate limits, write RURAL and give township) R-2 Rolla - Rural | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) Miller Imp. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co Memorial | | | |
| 3. NAME OF DECEASED a. (First) (Type or Print) RONALD LEE | | b. (Middle) HODGE | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) June 3 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH May 30 - 1955 |
| 9. AGE (In years last birthday) | | 10. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Rolla Mo |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 12. CITIZEN OF WHAT COUNTRY? U.S | |
| 13a. FATHER'S NAME Herman L. Hodge | | 13b. MOTHER'S MAIDEN NAME Bertha Mathis | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Herman L. Hodge | | ADDRESS Rt 2 Rolla | |
| 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) Premature infant (6 months) INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature separation of placenta & early labor 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 7615 | |
| 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) | | 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 May 30, 1955 , to June 3, 1955 , that I last saw the deceased alive on June 3, 1955 , and that death occurred at 8:25 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Richard E. Myers M.D. | | 23b. ADDRESS Newburg Mo | |
| 23c. DATE SIGNED June 4 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 4 1955 | |
| 24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery | | 24d. LOCATION (City, town, or county) (State) Flat Mo | |
| DATE REC'D BY LOCAL REG. June 4, 1955 | | REGISTRAR'S SIGNATURE Nadine L. Stoll | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson | | ADDRESS Newburg Mo | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lee Johnson
Licensed Embalmer No. *3392*
P. O. Address *Newburg Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.