

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20175

State File No.

FILED JUL 2 1956

BIRTH NO. 37286-56 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 580

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give town or town) <u>Springfield</u> <small>RRAL and give township</small>		c. LENGTH OF STAY (In this place) <u>1 day</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. CITY OR TOWN <u>Bolivar</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route 0841</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARK OSTEOPATHIC HOSPITAL</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>Deborah</u> b. (Middle) <u>Sue</u> c. (Last) <u>Hodge</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1956</u>		5. SEX <u>Female</u> / 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 24, 1956</u>	
9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR (Months) (Days) <u>—</u> IF UNDER 24 HRS. (Hours) (Min.) <u>13 1/2</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>James Hodge</u>	
13b. MOTHER'S MAIDEN NAME <u>Wanda Louise Smith</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Hodge, Bolivar, Missouri</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, aethenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Abrupto Placenta</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7615</u>	
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)	
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>6/24/56</u> , 19 <u>—</u> , to <u>6/25/56</u> , 19 <u>—</u> , that I last saw the deceased alive on <u>6/25/56</u> , 19 <u>—</u> , and that death occurred at <u>6:42A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Edwin E. Wilson</u>		23b. ADDRESS <u>700 E. Sunshine, Springfield, Mo.</u>	
23c. DATE SIGNED <u>6/25/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>June 26, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Schfield Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-25-56</u>	
REGISTRAR'S SIGNATURE <u>Edwin E. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin E. Wilson</u>	
ADDRESS <u>Bolivar, 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 Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Phy Jester

Licensed Embalmer No... *415*

P. O. Address *Bolivar*

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.