

alth.  
elfare  
blic  
ervice

000  
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1956

Registration District No. *229* Primary Registration District No. *304-6* Registrar's No. *42213*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>California</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>California</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>CATHERINE ANN HODGE</i>			4. DATE OF DEATH Month Day Year <i>Dec 18 1956</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 7, 1952</i>	9. AGE (In years last birthday) <i>4</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <i>4 11</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Santa Barbara Cal.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Walter Hodges</i>			14. MOTHER'S MAIDEN NAME <i>Lottie Bolden</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT Address <i>Walter Hodges California Mo</i>		

18. CAUSE OF DEATH [Enter only one cause and file for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>PANCREATIC FIBROSIS</i>		INTERVAL BETWEEN ONSET AND DEATH <i>CONGENITAL</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased (from <i>Nov. 1, 1956</i> to <i>Dec. 18, 1956</i> and last saw her <i>alive on Dec. 17, 1956</i> Death occurred at <i>2 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated:		
22a. SIGNATURE (Degree or title) <i>H. J. Barine D.O.</i>	22b. ADDRESS <i>California</i>	22c. DATE SIGNED <i>12/18/56</i>

23a. BURIAL CREATION (Final Disposal) <i>Burial</i>	23b. DATE <i>12-20-1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Catholic Cemetery California</i>	23d. LOCATION (City, town, or county) (State) <i>Mo</i>
24. FUNERAL DIRECTOR <i>Hugh Williams California Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>12 20/56</i>	26. REGISTRAR'S SIGNATURE <i>H L Papey 07</i>	

**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..... *Hugh E Williams*

Licensed Embalmer No. *35*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.