

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

State File No. 4226
Registrar's No. 3

106166

REG. DIST. NO. PRIMARY REG. DIST. NO. 5429

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

BIRTH NO.		REG. DIST. NO. 106166		PRIMARY REG. DIST. NO. 5429		Registrar's No. 3			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nolcomb. →</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Nolcomb 0350</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>R-1</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>YANNAH</u>		b. (Middle) <u>Mary</u>		c. (Last) <u>Hodge</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-57</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>July 27-1876</u>		9. AGE (In years last birthday) <u>80</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Little Rock Ark</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Jim Mate</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Munson</u>			
13c. NAME OF HUSBAND OR WIFE <u>Henry Hodge</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Gene Hodge</u>		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS <u>Nolcomb, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sugar Diabetes</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>Broke Hip several weeks ago</u> DUE TO <u>Bad fat since -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>260XF</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>			
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?					
22. I hereby certify that I attended the deceased from <u>2-4</u> , 19 <u>55</u> , to <u>1-3</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. C. Anderson D.O.</u>				23b. ADDRESS <u>Malden Mo</u>		23c. DATE SIGNED <u>1-4-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-5-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Box Elder</u>		24d. LOCATION (City, town, or county) (State) <u>Genesa Ark.</u>			
DATE REC'D BY LOCAL REG. <u>2-19-57</u>		REGISTRAR'S SIGNATURE <u>J. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel</u>		ADDRESS <u>Funeral Serv. Kennett, Mo.</u>			

89-1

RECEIVED DUNKLIN COUNTY

DEPARTMENT 2-20

COUNTY FILE NUMBER 25

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 Edmund Lamm

Licensed Embalmer No. 484

P. O. Address Seneca

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.