

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4329

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 183-B

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

3. NAME OF DECEASED (Type or print) MALINDA DELLA HODGES			4. DATE OF DEATH Feb. 18, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and state or country) Clever, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Fugitt			14. MOTHER'S MAIDEN NAME Mary Greer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Rolla Hayes, Clever, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease generalized		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized		
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 checked="" 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 <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 2 Oct 1956 to 18 Feb 57 and last saw her him alive on 17 Feb 1957 . Death occurred at 12:05 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Doctor or title) Stanley A. Peterson M.D.	22b. ADDRESS Springfield Mo	22c. DATE SIGNED 20 Feb 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/21/1957	23c. NAME OF CEMETERY OR CREMATORY Wise Hill Cemetery
		23d. LOCATION (City, town, or county) (State) Clever, Missouri
24. FUNERAL DIRECTOR J. Alan Harris	ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. 2-26-57
		26. REGISTRAR'S SIGNATURE Edith Williams

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard form and return it to the health department. No symptoms were reported. No diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00-56

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 *J. Alan Harris*

Licensed Embalmer No. 439

P. O. Address *Clever, Mo.*

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