

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28746

State File No. ....

FILED SEP 4 1957

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5757 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural, St. Michael</u>		c. CITY OR TOWN <u>Poplar Bluff</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>645 Abbott St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIGHWAY 70 6 MI. S. FREDERICKTOWN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Winfield</u> c. (Last) <u>Hodge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 15 1894</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Butler co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Aaron Hodge</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Alpha Harris (Dec.)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-05-6493</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jean Miller</u>	ADDRESS <u>Oran, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BROKEN NECK FRACTURED</u>		
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SKULL</u> DUE TO (c) <u>CAR ACCIDENT</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>8234</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 70</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MADISON MO.</u>
21d. TIME OF INJURY <u>AUG 25 1957 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>TURN CAR OVER ON CURVE</u>

22. I hereby certify that I attended the deceased from 1957, to 1957, that I last saw the deceased alive on 1957, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roy Wilson CORNER</u>	23b. ADDRESS <u>FREDERICKTOWN MO.</u>	23c. DATE SIGNED <u>8-30-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/27/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cochran</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>
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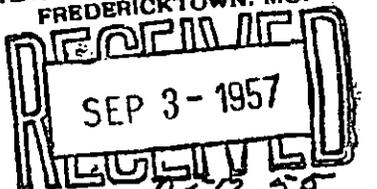
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>8-30-57 Florence Neider</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u>	ADDRESS <u>Poplar Bluff, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE NO. 937-30

SEP 13 1957

**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 Raymond B. Wilson

Licensed Embalmer No. 428

P. O. Address Fredericktown

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.