

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32456

State File No.

FILED OCT 14 1957

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4251a Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tatum Base Hill</u>		c. CITY OR TOWN <u>Los Angeles</u>	
c. LENGTH OF STAY (in this place) <u>1 mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tatum, Missouri</u>		e. STREET ADDRESS (If rural, give location) <u>71st N. Bonnie Brae</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HIRAM</u>	b. (Middle) <u>M.</u>	c. (Last) <u>HODGES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 8 1957</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 5 1890</u>	9. AGE (In years) (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel waiter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clark County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joshua J. Hodges</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Willinger</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Bartlett (decd)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or type of service) <u>568 242 195</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Hodges</u>	ADDRESS <u>Tatum, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4:20</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 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 at view, inquest only 1957, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kellie Rawlins M.D. Coronar</u>	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>10/10/57</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-11-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-11-57</u>	REGISTRAR'S SIGNATURE <u>Miss H.V. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quadey & Ross</u>	ADDRESS <u>Holden, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

500

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 *M. J. Conroy*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Halden*.....

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.