

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013008
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 366

Primary Registration District No. 6238

Registrar's No. 27

300
-57
1100

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Belgrade Turn</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Belgrade Turn</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5 mi. W. Belgrade</i> Length of stay in lb <i>12 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>5 mi. W. Belgrade</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <i>David</i> Middle <i>Peter</i> Last <i>Hodson</i>			4. DATE OF DEATH Month <i>March</i> Day <i>20</i> Year <i>1958</i>
5. SEX <i>Male</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>Jan. 24 1902</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>James farm work</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Washington Co. Mo</i>
10c. FATHER'S NAME <i>James R. Hodson</i>		13b. MOTHER'S MAIDEN NAME <i>Lucy J. Dunbar</i>	14. NAME OF HUSBAND OR WIFE <i>Ellena Hodson</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>1002</i>	17. INFORMANT Address <i>Rt. 1 Ellena Hodson Belgrade Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bi-lateral pneumonia -</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Abscesses Hypertension</i> DUE TO (c) <i>kidney infection</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
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 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>3-21-1958</i> to <i>3-25-1958</i> and last saw him alive on <i>Mar. 24-1958</i> Death occurred at <i>6:50 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Joseph L. Therman, M.D.</i>		22b. ADDRESS <i>Rt. 1, High-Potom, Mo.</i>	22c. DATE SIGNED <i>3-28-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-28-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Scot Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Mr. Luther Sparks Potosi, Mo.</i>		25. DATE REC'D. BY LOCAL REG. <i>4/1/58</i>	26. REGISTRAR'S SIGNATURE <i>Arvid Rudal</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Murphy L. ...*
Licensed Embalmer No. *4256*
P. O. Address *Flat River, Va*

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.