

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018980

STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 207 Primary Registration District No. 5756 Registrar's No. 12

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural (Jetterson Township)</b> Inside Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>R.F.D. Belle 0630</b> Inside Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home</b> Length of stay in lb <b>1-yr</b>		d. STREET ADDRESS (If outside, give location) <b>Jetterson Township</b> Reside on Farm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Daisy</b> Middle <b>F</b> Last <b>Hodge</b>			4. DATE OF DEATH Month <b>May</b> Day <b>17</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug-22-1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>Redbird - Missouri</b>
10c. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Dora Stockton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Shoby</b>	14. NAME OF HUSBAND OR WIFE <b>Lawrence Hodge</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT Address <b>Lawrence Hodge - Belle - Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Arrest</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CARDIAC ANOXIA</b>			<b>15 min</b>
DUE TO (c) <b>CORONARY OCCLUSION 4201</b>			<b>1/2 hour</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension - Myocardial Ischemia</b>			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 WORK <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 <b>7-2-56</b> to <b>5-17-58</b> and last saw her alive on <b>5-17-58</b> Death occurred at <b>9:45</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Willie Lullist DO. 2</b>		22b. ADDRESS <b>Belle Mo</b>	22c. DATE SIGNED <b>5/20/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>May 20 - 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highgate Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Maries County - Missouri</b>
24. FUNERAL DIRECTOR'S ADDRESS <b>St. Ann's Funeral Service, Center, Belle - Mo</b>		25. DATE RECD. BY LOCAL REG. <b>May 20 - 1958</b>	26. REGISTRAR'S SIGNATURE <b>A. C. Maybelle White</b>

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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 *Chuter Sussman* .....

Licensed Embalmer No. *4128* .....

P. O. Address *Bland - 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.