

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028417
STATE FILE NUMBER

FILED AUG 28 1958		Registration District No. 47		Primary Registration District No. 3008		Registrar's No. 188	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton				c. CITY OR TOWN Mokane		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.				Length of stay in lb 1 wk.		STREET ADDRESS 040 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edgar Middle Morgan Last Hodges				4. DATE OF DEATH Month June Day 7 Year 1958			
5. SEX Male		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 Sept 8, 1879	
9. AGE (In years last birthday) 78		10. FUNDER 1 YEAR Months 7 Days 18 Hours 15 Min 0		11. BIRTHPLACE (City and state or country) Franklin County Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Capt Richard Hodges				13b. MOTHER'S MAIDEN NAME Sarah Jane Doss		14. NAME OF HUSBAND OR WIFE Frances Daniel Hodges	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no unknown)				16. SOCIAL SECURITY NO. unknown		17. INFORMANT Miss Gertrude Hodges Address Mokane Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 1538 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
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 _____ a.m. _____ p.m. _____				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT 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 April 1958 to Death and last saw her alive on June 7, 1958 Death occurred at 1:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John Brown MD (Degree or title)				22b. ADDRESS Fulton Mo		22c. DATE SIGNED 8-20-58	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		23b. DATE June 9, 1958		23c. NAME OF CEMETERY OR CREMATORY Mokane		23d. LOCATION (City, town, or county) (State) Mokane Missouri.	
24. FUNERAL DIRECTOR Maupin Funeral Home ADDRESS Fulton Mo				25. DATE RECD. BY LOCAL REG. Aug 20-1958		26. REGISTRAR'S SIGNATURE Martha Lawrence	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 21 1962

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. A. Roosen

Licensed Embalmer No. 2535

P. O. Address Shulton

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.