

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006136

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 39

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits or TOWNSHIP only) OR TOWN Purcell, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Purcell, Mo. 04960		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 2 Jasper Mo.		Length of stay in lb Lifetime	d. STREET ADDRESS (If outside, give location) Rt 2 Jasper Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle T. Last Hodson Sr.			4. DATE OF DEATH Month Mar 7, 1959 Day Year		
5. SEX Male 0	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 Jan. 24, 1878		9. AGE (In years) 81 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Purcell, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Zackria Hodson		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Nettie Hodson (deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address rs. Dewey Jarmin Purcell, 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) Nephritis Chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis - DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility					INTERVAL BETWEEN ONSET AND DEATH 1 year +
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.) 446x		
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 May 9, 1958 to Mar 7 59 and last saw him alive on Mar 6, 1959 Death occurred at 5 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George H. Wood (Degree or title) MD			22b. ADDRESS Carthage Mo		22c. DATE SIGNED 3/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/10/59	23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery		23d. LOCATION (City, town, or county) Purcell, Mo. (State)
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary Webb City, Mo.			25. DATE RECD. BY LOCAL REG. 3-10-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Wob. City*

**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.**