Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012597
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DUTCHTOWN — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ✓ — Length of stay in 1b ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo — b. COUNTY Cape Gwhs
c. CITY OR TOWN DUTCHTOWN, 0160 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First RAY Middle LEE Last HODGE

4. DATE OF DEATH Month MAY Day 2 Year 1959

5. SEX M
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH SEPT. 14-1950
9. AGE (In years last birthday) 8 — IF UNDER 1 YEAR Months 7 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and state or country) NEW HAMBURG Mo
12. CITIZEN OF WHAT COUNTRY? ✓

13a. FATHER'S NAME ELERY L HODGE
13b. MOTHER'S MAIDEN NAME LORA DELO
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs. Elery L. Hodge — Address DUTCHTOWN 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) Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 9291
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in pond while playing
20c. TIME OF INJURY Hour — p.m. Month, Day, Year 5 2 59 unknown
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm pond
20f. CITY, TOWN, OR LOCATION Dutchtown — COUNTY Cape Girardeau — STATE Mo.

21. I attended the deceased from none, to none and last saw her/him alive on none
Death occurred at approx. 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Wehmeyer, D.O. 2
22b. ADDRESS Chaffee, Missouri
22c. DATE SIGNED 5/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAY 6-1959
23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEM.
23d. LOCATION (City, town, or county) FRUITLAND (State) Mo

24. FUNERAL DIRECTOR STUBBS FUNERAL HOME — ADDRESS CHAFFEE Mo — 25. DATE RECD. BY LOCAL REG. 5-8-1959
26. REGISTRAR'S SIGNATURE Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Eugene L. Stubbs

Licensed Embalmer No. 5012

P. O. Address Chaffee, Mo.

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.