

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012598

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No.

53

Primary Registration District No.

0000

Registrar's No.

171

300
1-57

1. PLACE OF DEATH a. COUNTY <u>CAPE Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CAPE Girardeau</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DUTCHTOWN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>DUTCHTOWN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		Length of stay in 1b <u>✓</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>DEE</u> Last <u>HODGE</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>2</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT-14 1950</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>NEW HAMBURG MO</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>ELERY L. HODGE</u>		13b. MOTHER'S MAIDEN NAME <u>LORA DELO</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT <u>Mr. Elery L. Hodge - Dutchtown Mo.</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<u>92.91</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Fall in pond while playing</u>			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m. <u>5 2 59 unknown</u>		20d. INJURY OCCURRED WHILE AT <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.) <u>Farm pond</u>		20f. CITY, TOWN, OR LOCATION <u>Dutchtown Cape Girardeau Mo.</u>			
21. I attended the deceased from <u>none</u> to <u>none</u> and last saw her alive on <u>none</u> Death occurred at <u>Approx 4:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. H. Helmeyer, D.O.</u>			22b. ADDRESS <u>Chaffee, Missouri</u>		22c. DATE SIGNED <u>5/4/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>COALIAE</u>		23b. DATE <u>May 6-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL CEM. FRUITLAND MO</u>		23d. LOCATION (City, town, or county) (State) <u>MO</u>
24. FUNERAL DIRECTOR <u>STUBBS' FUNERAL HOME MO</u>		ADDRESS <u>CHAFFEE</u>		25. DATE RECD. BY LOCAL REG. <u>5-8-1959</u>	26. REGISTRAR'S SIGNATURE <u>Drene Kasten</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Om Stubbs

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. Stubbins*

Licensed Embalmer No. *5012*
P. O. Address *Chaffee, Ma.*

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.