

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013973

FILED VS. MAR 16 1960

366

Primary Registration District No.

Registrar's No.

26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Washington</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Breton</b>		Length of stay in 1b <b>years</b>	c. CITY OR TOWN <b>Potosi, Mo.</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>4 Miles North of Potosi Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>Rt. 2</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Benjamin</b> Middle <b>William</b> Last <b>Hodges</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>29</b> Year <b>1960</b>		
5. SEX <b>Male</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. YEAR OF BIRTH <b>1886</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boiler Fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Moselle Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Hodges</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth McCourtney</b>		14. NAME OF HUSBAND OR WIFE <b>Lena Hodges</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>None</b>	17. INFORMANT Address <b>Lena Hodges Rt. 2 Potosi, 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>Valvular heart lesion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Bronchial Asthma -</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ 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>June 4-1957</b> to <b>Feb. 29-1960</b> and last saw <sup>her</sup> him alive on <b>Feb. 29-1960</b> . Death occurred at <b>8:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Joseph L. Florman - M.D.</b>			22b. ADDRESS <b>121 E. High Potosi, Mo.</b>		22c. DATE SIGNED <b>3-3-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-3-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pendleton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Francois Co. Mo.</b>	
24. FUNERAL DIRECTOR <b>Oman Jenkins Potosi, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>3/3/60</b>	26. REGISTRAR'S SIGNATURE <b>Albert Rudall</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 18 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jahn N. Shipman

Licensed Embalmer No. 4881  
P. O. Address Bismuk,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.