

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-014103**

FILED VS MAY 3 1960

Registration District No. 6 Primary Registration District No. 5031 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuivre township</u>		Length of stay in 1b <u>1 week</u>		c. CITY OR TOWN <u><del>CHIXX</del> Vandalia, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles S.E. of Farber</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>501 WEST PAGE ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Rachel</u> Middle <u>Hodges</u> Last <u>Hodges</u>				4. DATE OF DEATH Month <u>April</u> Day <u>22</u> Year <u>1960</u>												
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/30/1881</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Audrain Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>									
13a. FATHER'S NAME <u>Marshall Calvert</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa McIntosh</u>			14. NAME OF HUSBAND OR WIFE <u>G. R. Hodges</u>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Mrs. Joe Foree, Farber, Mo.</u>											
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>CONGESTIVE CIRCULATORY FAILURE</u>							INTERVAL BETWEEN ONSET AND DEATH <u>72 HRS</u>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>DECOMPENSATED HYPERTENSIVE HEART DISEASE</u>							<u>4 yrs</u>									
DUE TO (c) <u>ARTERIOSCLEROSIS</u>																
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>EMPHYSEMA</u>						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 <u>  </u> Month, Day, Year <u>  </u>		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 <u>Feb 1956</u> to <u>4-22-60</u> and last saw her <u>him</u> alive on <u>4-22-60</u> Death occurred at <u>602 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>William W. Jones D.O.</u>				22b. ADDRESS <u>Ladonia, Mo</u>				22c. DATE SIGNED <u>4-25-60</u>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>4/24/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Audrain County, Mo.</u>									
24. FUNERAL DIRECTOR <u>William Gusters Vandalia, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>April 27 1960</u>		26. REGISTRAR'S SIGNATURE <u>Walter Tugue</u>										

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

MAY 5, 1960

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 William Blanton

Licensed Embalmer No. 4169  
P. O. Address Vandalia, 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.