URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 25 1960

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STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 410

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. | Length of stay in 1b 9 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1016 Marylane Drive | Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff | Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1016 Maryland Drive | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lydia Middle Gertrude Last Hoddinott
4. DATE OF DEATH Month July Day 9 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-1-1881
9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY - - -
11. BIRTHPLACE (City and state or country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Schley
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE S. Henry Hoddinott
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 Address Paul H. Hoddinott, Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma lungs. — INTERVAL BETWEEN ONSET AND DEATH 2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma Rectum — 1 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1958, to 9 July 60 and last saw ~~him~~ her alive on 9 July 60
Death occurred at 8 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Norman E. Wilks MD (Degree or title)
22b. ADDRESS Poplar Bluff Mo
22c. DATE SIGNED 13 July 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-11-60
23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

24. FUNERAL DIRECTOR Greer Croy & Fitch Funeral Home ADDRESS Poplar Bluff, Missouri
25. DATE RECD. BY LOCAL REG. 7/14/60
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 1 1960

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 Philip J. Cassen

Licensed Embalmer No. 4618

P. O. Address Poplar

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