

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035844

LED VS OCT 13 1960

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 122 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dardenne</u>		Length of stay in 1b	c. CITY OR TOWN <u>Kennett</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>Hwy 79, 1/2 mile north of M</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Box 83</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Claron</u> Middle <u>Scott</u> Last <u>Hodge</u>			4. DATE OF DEATH Month <u>10</u> Day <u>1</u> Year <u>60</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-4-1911</u>	9. AGE (last birthday) <u>48</u>	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) <u>Commercial Fisherman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fishing</u>	11. BIRTHPLACE (City and state of country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Theodore Hodge</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Cantwell</u>	14. NAME OF HUSBAND OR WIFE <u>Eileen Hodge</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.II</u>	16. SOCIAL SECURITY NO. <u>720-12-7233</u>	17. INFORMANT <u>Wife</u> Address <u>Box 83 Kennett Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Traumatism of the verteb racm of
 DUE TO (b) head and skull
 DUE TO (c) Two automobile accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 <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>Two cars hit head on</u>
20c. TIME OF INJURY Hour <u>10</u> a.m. <u>1</u> p.m. Month, Day, Year <u>10-1-60</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 79</u>	20f. CITY, TOWN, OR LOCATION <u>Near C'Fallon Mo</u> COUNTY <u>Sst. Charles</u> STATE
21. I attended the deceased from <u>Held inquest</u> to _____ and last saw _____ her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Maris Munday</u> Coroner	22b. ADDRESS <u>Wentzville MO</u>	22c. DATE SIGNED <u>October 7, 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-4-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
24. FUNERAL DIRECTOR <u>McLaughlin Funeral Home Inc</u> ADDRESS <u>2301 Lafayette St. Louisiana</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson Barrocks Mo</u>
25. DATE RECD. BY LOCAL REG. <u>10-12-60</u>		26. REGISTRAR'S SIGNATURE <u>Eak etty</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles J. Callahan

Licensed Embalmer No. Permit

P. O. Address O'Fallon

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.