

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021790
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 57

AMENDED

DATE AMENDED
7-26-61

INSTEAD OF
1-18-1912

ITEM NO. SHOULD READ
8 1-24-1912

BY AFFIDAVIT OF Embalmers DOCUMENT

FILED JUL 13 1961

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LAWRENCE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MT. VERNON</u>		Length of stay in 1b	c. CITY OR TOWN <u>MT. VERNON</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>STATE SANATORIUM</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>S.W. OF MT VERNON</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u></u> Last <u>HODGES</u>			4. DATE OF DEATH Month <u>7</u> Day <u>8</u> Year <u>61</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>1-12-12</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Jasper Hodges</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Mudd</u>	
14. NAME OF HUSBAND OR WIFE <u>HELEN HODGES.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u></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>PERITONITIS.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CONGESTION OF BOWEL (ILEUM)</u> DUE TO (c) <u>RETROPERITONEAL HEMORRHAGE.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u> <u>7 weeks</u> <u>7 weeks</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>AUTOMOBILE ACCIDENT.</u>			
20c. TIME OF INJURY Hour <u>4</u> p.m. Month, Day, Year <u>5-5-61</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>V.S. 166</u>		20f. CITY, TOWN, OR LOCATION <u>LAWRENCE.</u>		STATE <u>MO.</u>	
21. I attended the deceased from <u>5-15-61</u> to <u>7-8-61</u> and last saw him alive on <u>7-8-61</u> . Death occurred at <u>2.15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>MT. VERNON, MO.</u>		22c. DATE SIGNED <u>7/8/61</u>
23a. BURIAL, CREMATION or REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-11-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>2007 Cem.</u>	
23d. LOCATION (City, town, or county) <u>1 mi So Mt Vernon Mo</u>		23e. STATE <u>MO</u>			
24. FUNERAL DIRECTOR <u>H W Fossett</u>		ADDRESS <u>Mt Vernon MO</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-61</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

AUG 4 1961

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 W. L. Lovett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon

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.