MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-026026
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 419

FILED JUL 30 1962

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Mo.
Length of stay in 1b: 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Trailer Ct. (Home) Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Park Trailer Ct. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Orsen Last Hodge
4. DATE OF DEATH Month July Day 24 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-21-06
9. AGE (last birthday) 56. 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Kirksville Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Hodge
13b. MOTHER'S MAIDEN NAME Sarah Thompson.
14. NAME OF HUSBAND OR WIFE Bertha K. Hodge.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Peggy Lewis, (Daughter) Address Park Tr. Ct. Columbia 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) Shock — INTERVAL BETWEEN ONSET AND DEATH 5 mins.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemorrhage — 20 mins.
DUE TO (c) Bronchogenic carcinoma — 6 mos.
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 7/23/62, to 7/24/62 and last saw ~~he~~ him alive on 7/24/62
Death occurred at 7:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. M. Mart (Degree or title) M.D.
22b. ADDRESS U. of Mo. Med. Center
22c. DATE SIGNED 7/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 25, 1962
23c. NAME OF CEMETERY OR CREMATORY Union Temple Cemetery
23d. LOCATION (City, town, or county) (State) Adair Co Mo.

24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG. July 25 1962
26. REGISTRAR'S SIGNATURE Mrs R E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	b 1 6 9		
2	2 0 1 6 9		
3			
4	0		
5	1		
6			
7	0		
8	1		
9	9 1 6 2 . 1		
10			
11			
12	9 0 - 0		
13	3 - 0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

SEP 20 1962

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.