

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029939

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 74

FILED AUG 29 1962

VS 300 Rev. 4/59	DATE AMENDED
100.50	
200.50	
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4 1	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE		c. CITY OR TOWN CASSVILLE	
Length of stay in 1b 9 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If outside, give location) 506 GRAVEL	
3. NAME OF DECEASED (Type or print) First NORA Middle OLIVE Last HODGE		4. DATE OF DEATH Month AUG. Day 20 Year 1962	
5. SEX F.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/74
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) BARRY COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JOSEPH McCARY	
13b. MOTHER'S MAIDEN NAME MARY BARR		14. NAME OF HUSBAND OR WIFE J. T. HODGE, Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. NONE	17. INFORMANT LOREN HODGE, CASSVILLE, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Orthostatic bronchial pneumonia</i> DUE TO (b) <i>Congestive heart failure</i> DUE TO (c) <i>Hypertensive cardiovascular disease unknown</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: <i>Fracture of right femur</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>1 week</i> <i>unknown</i>
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 Month, Day, Year			
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 <i>August 11, 1962</i> to <i>August 20, 1962</i> and last saw her alive on <i>August 20, 1962</i> Death occurred at <i>8:20 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Melvin B. Kachrauch D.D.</i>		22b. ADDRESS <i>Cassville, Mo.</i>	
22c. DATE SIGNED <i>8/21/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/23/62	
23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) EXETER, MISSOURI	
24. FUNERAL DIRECTOR DOYLE E. WILLIAMSON, CASSVILLE, MO.		25. DATE RECD. BY LOCAL REG. 8-22-62	
26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>			

USE BLACK INK, OR TYPEWRITER RIBBON

Burial permit obtained 8-22-62
R.W.

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 Ray E. Williamson

Licensed Embalmer No. 4883
P. O. Address Cassville, 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.