

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034526

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 24 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u> | | c. CITY OR TOWN <u>Fristoe</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Wetzel Hosp</u> | | d. STREET ADDRESS (If outside, give location) <u>_____</u> | |
| 3. NAME OF DECEASED (Type or print) <u>SHELTON PETHIS HODGES</u> | | 4. DATE OF DEATH Month <u>Sept</u> Day <u>15</u> Year <u>1962</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>Jan 25, 1887</u> |
| 9. AGE (last birthday) <u>75</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Stockman</u> | 11. BIRTHPLACE (City and state or country) <u>Hickory Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Andrew J. Hodges</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha J. Ingram</u> | 14. NAME OF HUSBAND OR WIFE <u>Alta M. Hodges</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Alta M. Hodges</u> Address <u>Fristoe, Mo</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>Pulmonary Edema</u> DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Uremia due to glomerulosclerosis of kidney</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus & generalized arteriosclerosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 days</u> <u>years</u> |
| 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 <u>_____</u> a.m. <u>_____</u> p.m. Month, Day, Year <u>Sept 8 - 62</u> to <u>Sept 15, 62</u> | 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 <u>Clinton Mo.</u> | |
| 20g. COUNTY <u>Benton Co.</u> | | 20h. STATE <u>Mo</u> | |
| 21. I attended the deceased from <u>Sept 8 - 62</u> to <u>Sept 15, 62</u> and last saw her/him alive on <u>Sept 15, 62</u> Death occurred at <u>11:08</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Clinton L. Glynn</u> | | 22b. ADDRESS <u>Clinton Mo.</u> | |
| 22c. DATE SIGNED <u>9/15/62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Sept 17, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fristoe Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Fristoe Benton Co. Mo</u> |
| 24. FUNERAL DIRECTOR <u>John F. Reser</u> | 24a. ADDRESS <u>Warsaw, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Sept. 18, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.

Permit Obtained

9/18/62

(MB)