

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050946

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 41 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

JAF 115027 64

VS 300 Rev. 4/59

DATE AMENDED

1 0499

2 0499

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in 1b <u>12 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2510 Picher Avenue</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>HENRY MITCHELL HODGE</u>		4. DATE OF DEATH Month <u>December</u> Day <u>26</u> Year <u>1963</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>5-22-1931</u>
9. AGE (last birthday) <u>32</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Remington Drug Co.</u>	11. BIRTHPLACE (City and state or country) <u>Chiefland, Florida</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Henry Mitchell Hodge</u>	
13b. MOTHER'S MARDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Hodge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes Korean</u>		16. SOCIAL SECURITY NO. <u>7</u>	
17. INFORMANT <u>Mrs. Alice Hodge, 2510 Picher, Joplin, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Overdose of barbituric acid derivative probably</u>			INTERVAL BETWEEN ONSET AND DEATH <u>approx. 2 hrs</u>
DUE TO (b) <u>Nembutal--There was no suicide note left. He had</u>			
DUE TO (c) <u>been drinking the previous evening. According to</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>his physicians, he had shown no suicidal tendencies. It is not possible to tell if the</u>			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 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.) <u>death was suicide or accidental.</u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year	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>2510 Picher Avenue</u>	20f. CITY, TOWN, OR LOCATION <u>Joplin</u>	COUNTY <u>Jasper</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>did not attend</u> , to <u> </u> and last saw <u>her</u> <u>him</u> alive on <u> </u> . Death occurred at <u>about 2:00 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Henry Mitchell Hodge</u> (Degree or title) Coroner		22b. ADDRESS <u>508 Frisco Building-Joplin, Mo.</u>	22c. DATE SIGNED <u>1-17-64</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-30-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Cem.</u>	23d. LOCATION (City, town, or county) <u>Joplin, Missouri</u>
24. FUNERAL DIRECTOR <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-20-1964</u>	26. REGISTRAR'S SIGNATURE <u>Novel Merriam</u>

USE BLACK INK OR TYPEWRITER RIBBON

FEB 4 1964

JAN 28 1964

JAN 27 1964

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 David Millon Jr.

Licensed Embalmer No. 5247

P. O. Address Joplin, 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.

Permit was issued before burial, pending investigation of coroner's office of death.