

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67-0047955

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 313

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0425

2 30425

3

4 0

5 2

6

7 0

8 2

9 5702

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 26 1967

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in lb 2 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Henry
 c. CITY OR TOWN Clinton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 113 So. McLane Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last James W. Hodge
 (Type or print)

4. DATE OF DEATH December 15, 1967
 Month Day Year

5. SEX Male 6. COLOR OR RACE Cauc. 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6/4/1881 9. AGE (last birthday) 87
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Florist
 10b. KIND OF BUSINESS OR INDUSTRY Florist
 11. BIRTHPLACE (City and state or country) Rich Hill Missouri
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Hodge 13b. MOTHER'S MAIDEN NAME UNKNOWN
 14. NAME OF HUSBAND OR WIFE SARAH E. Hodge

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. 488-16-0129
 17. INFORMANT Raymond Hodge Address 113 So McLane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH 1hr
 DUE TO (b) Probable Pulmonary Embolism 1hr
 DUE TO (c) Probable Myocardial Thrombosis 12hr
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia
 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 Month, Day, Year
 a.m. p.m.

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 12-12-67 to 12-15-67 and last saw her/him alive on 12-15-67
 Death occurred at 8:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard H. King M.D. 22b. ADDRESS 1065. 3rd Clinton Mo 22c. DATE SIGNED 12-19-67

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 18, 1967 23c. NAME OF CEMETERY OR CREMATORY Englewood 23d. LOCATION (City, town, or county) (State) Clinton Missouri

24. FUNERAL DIRECTOR RE Nichols Chapels ADDRESS Clinton, MO. 25. DATE RECD. BY LOCAL REG. Dec. 19, 1967 26. REGISTRAR'S SIGNATURE Mildred Diguon

USE BLACK INK OR TYPEWRITER RIBBON

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 R. E. Nichole

Licensed Embalmer No. 4907

P. O. Address Clinton, Md.

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 12-19-69

(Handwritten initials)