

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 257

DO NOT WRITE ON THIS STUB

9. 0
10a. 69
10b.
11. 0
12. 2
13. 4319
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0425

5. 1

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0420

DECEASED

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Bryan		Hodges			male	3. Nov 11 1968	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. white	5a. 69	5b. MOS.	5c. HOURS	6. Aug 30. 1899		7a. Henry	
CITY, TOWN, OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Clinton				7d. Clinton General Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORKING SITE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 492-14-9610		13a. Farmer		13b. Farming			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. Missouri		14b. Henry	14c. Clinton		14d. no		14e. R R
FATHER—NAME			MOTHER—MAIDEN NAME				
15. Thomas Hodges			16. Sarah B Inyard				
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Audra Hodges				17b. 210 N. 2nd St Clinton, Mo			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) cerebral hemorrhage				2 weeks.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) DUE TO, OR AS A CONSEQUENCE OF:					
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)						DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
70a. NO						70b.	70c. M. 70d.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
70e.		70f.		70g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		AND LAST SAW/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a. DECEASED FROM		1958 TO 11-11-68		21c. 11-11-68		21d. 21e. 1:35 p.m.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
22a.				M. 22b.		YEAR HOUR	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. HUGH B. WALKER, MD		23b. Hugh B Walker, MD		23c. 11-10-68			
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23d. 106 S. 3rd		CLINTON, MO		64735			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. Burial		24b. Paul cemetery		24c. Clinton Mo			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Nov 13, 1968		24e. Sickman-Dunning Funeral Home Clinton, Mo					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. John T. Dickman		25b. Mildred Bigum		25c. Nov. 13, 1968			

Type or print in PERMANENT BLACK INK. See handbook for instructions.

11-28-68

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. L. Dunning

Licensed Embalmer No. 4910

P. O. Address Clinton 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 # 11-13-68

(MB)