

FILED JUL 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24189

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3061		Registrar's No. 234	
1. PLACE OF DEATH a. COUNTY <i>St. Francis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Flat River</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Flat River</i>		0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>1104 East main</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>LOUIS</i>		b. (Middle)		c. (Last) <i>Hodge</i>	
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Jan 29, 1892</i>	
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <i>59</i>		11. BIRTHPLACE (State or foreign country) <i>Nebraska</i>	
13a. FATHER'S NAME <i>J Luther Hodge</i>		13b. MOTHER'S MAIDEN NAME <i>Eliza (Unknown)</i>		14. NAME OF HUSBAND OR WIFE <i>Carrie Hodge</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>486-16-9108</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Annalee Porter</i> ADDRESS <i>Flat River, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary heart disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(Valvular) Endocarditis + Myocarditis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>-</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i> <i>3 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>-</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4222</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <i>3-23</i> , 1951, to <i>6-26</i> , 1951, that I last saw the deceased alive on <i>6-26</i> , 1951, and that death occurred at <i>10:2 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. Geo. R. Watkins</i> (Degree or title)				23b. ADDRESS <i>Farmington, Mo.</i>		23c. DATE SIGNED <i>7-14-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 4, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Underwood Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>near Farmington Mo</i>	
DATE REC'D BY LOCAL REG. <i>July 16, 1951</i>		REGISTRAR'S SIGNATURE <i>284</i> <i>Esther Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond Caldwell</i> ADDRESS <i>Flat River, Mo.</i>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 23 1951

RECEIVED

SEP 13 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River, 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 this body is not embalmed, fact should be so stated above.