

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15929

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1928

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <i>40</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <i>✓</i> (township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <i>3</i>	
c. LENGTH OF STAY (in this place) <b>4 years</b>		d. STREET ADDRESS (If rural, give location) <b>3424 Highland</b> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Amy</b> b. (Middle) <b>Maude</b> c. (Last) <b>Hodges</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1949</b>		
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5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 25, 1885</b>		9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Clarksburg, Mo.</b> <i>0</i>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
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13a. FATHER'S NAME <b>Calab C. Martin</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Ellen Frey</b>			14. NAME OF HUSBAND OR WIFE <b>Wm. J. Hodges</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alma Pierce 3424 Highland</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congestive heart failure</b>						<b>3 wks.</b>	
		<p>ANTECEDENT CAUSES</p> <p><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></p> <p>DUE TO (b) <b>hypertensive heart disease</b></p>						<b>5 yrs.</b>	
		<p>DUE TO (c) <b>diabetes mellitus</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>						<b>5 yrs.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 19 46, to April 30, 1949, that I last saw the deceased alive on April 30, 19 49, and that death occurred at 2:40P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Carl H. Reitz M.D.</b> (Degree or title)			23b. ADDRESS <b>404 1/2 W. 75th.</b>			23c. DATE SIGNED <b>5-2-49</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>5-3-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Clarksburg, Mo.</b>			
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DATE REC'D BY LOCAL REG. <b>5-3-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bentley Mortuary 5811 Troost</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 1950

**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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		DUE TO (c) <u>443X</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19 <u>46</u> , to <u>April 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 30, 1949</u> , and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Carl H. Beltz</u>		(Degree or title) <u>Mr. D.</u>		23b. ADDRESS <u>404 1/2 W. 75<sup>th</sup></u>	
23c. DATE SIGNED <u>5-2-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 3, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cmtry.</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksburg, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. <u>5-3-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		<u>BENTLEY MORTUARY 5811 Tronst.</u>	

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.

1949  
5-15929

Signed.....

*Guy Buffington*  
Licensed Embalmer No. 2756

Signed.....

Student Embalmer

P. O. Address.....

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: