No. 300
10-48

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27455

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. _____

0581

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

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marceline
c. LENGTH OF STAY (in this place) 14 mo's
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marceline 0581
d. STREET ADDRESS (If rural, give location) 219 E. Curtis St. 0

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Levi c. (Last) Hodgerson

4. DATE OF DEATH (Month) July (Day) 8 (Year) 1950

5. SEX M 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 9-1887

9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months 0 Days 29 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired machinest helper

10b. KIND OF BUSINESS OR INDUSTRY Union Pac. Railroad-

11. BIRTHPLACE (State or foreign country) Sagamon County, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Levi Hodgerson

13b. MOTHER'S MAIDEN NAME Martha Knee

14. NAME OF HUSBAND OR WIFE Mattie Peavler Hodgerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-14-0898

17. INFORMANT'S SIGNATURE OR NAME Mattie Peavler Hodgerson — **ADDRESS** Marceline Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & myocardial 3 yrs
DUE TO (c) degeneration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 442 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* July 8th, 1950, *that I last saw the deceased alive on* July 2, 1950, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE John Otis Carr D.O. (Degree or title)

23b. ADDRESS 124 W. Ritchie Marceline

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/10/1950

24c. NAME OF CEMETERY OR CREMATORY McCullough Cemetery

24d. LOCATION (City, town, or county) (State) Triplett, Missouri

DATE REC'D BY LOCAL REG. 7/10/1950

REGISTRAR'S SIGNATURE Mary Jane Owens 401

25. FUNERAL DIRECTOR'S SIGNATURE James McLaughlin **ADDRESS** Marceline, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1951

SEP 12 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Francis L. Schaberg

Signed _____
Student Embalmer

Licensed Embalmer No. 4513

P. O. Address Marceline 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.

Copy