

FILED OCT 13 1950

STANDARD CERTIFICATE OF DEATH

29470

State File No.

BIRTH NO. 26932-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1102

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Hampton <u>0410</u>	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Missouri Methodist Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Gene	b. (Middle) Edward	c. (Last) Hodson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Apr. 12, 1950	9. AGE (In years last birthday) 5 MONTHS 17 DAYS	IF UNDER 1 YEAR	IF UNDER 4 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Hampton Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Chester Hodson	13b. MOTHER'S MAIDEN NAME not given	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Chester Hodson, New Hampton, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute laryngotracheobronch.		4-5d
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Portusissis		1 wk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			0560

19a. DATE OF OPERATION 9-29-50	19b. MAJOR FINDINGS OF OPERATION tracheostomy	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.) St Joseph	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bush Mo
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?

22. I hereby certify that I attended the deceased from 9-29, 1950, to 9-29, 1950, that I last saw the deceased alive on 9-29, 1950, and that death occurred at 4:15A m., from the causes and on the date stated above.

23a. SIGNATURE W. P. Petersen M.D.	(Degree or title)	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 9-29-50
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 9/29/1950	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Albany, Missouri
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DATE REC'D BY LOCAL REG. Sept 30, 1950	REGISTRAR'S SIGNATURE G. B. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Newton-Bauman Funeral Home, St. Joseph, Mo.	ADDRESS
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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 _____

James B. Hawkins

Licensed Embalmer No. 4636

P. O. Address 319 S. 10th St. Joplin

Signed.....

Student Embalmer

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.