

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1159  
197

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>29 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>5715 PARK AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5715 PARK AVE</u>		d. STREET ADDRESS (If rural, give location) <u>5715 PARK AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>W.</u> c. (Last) <u>HODGES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 12, 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APR. 15 1983</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Coffeyville, Kans.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>HENRY HODGES</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN DILEY</u>	
14. NAME OF HUSBAND OR WIFE <u>BERNICE HODGES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>HERALD V. HODGES</u>		17. ADDRESS <u>5715 PARK AVE, K.C., MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure with h/o compensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Pulmonary Emphysema</u> <u>5 yrs</u>	
		DUE TO (c) <u>Bronchial Asthma</u>		DUE TO (d) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>24 hr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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) <u>Kansas City of Mo</u>	
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 1945, 19 yrs., to Jan 12, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frederick C. Lamp</u> (degree or title) <u>MD</u>		23b. ADDRESS <u>1103 Grand</u>		23c. DATE SIGNED <u>Jan 13 - 50</u>	
24a. PERMIT NO. CREMATION REMOVAL (if any) <u>None</u>		24b. DATE <u>1-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosent Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-15-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK, K.C., Mo.</u>			

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

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

*Basil Honey*

Licensed Embalmer No. *4724*

P. O. Address *Shelburne, 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.