

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 31671
 4133

FILED OCT 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place township) <p style="text-align: center;">25 yrs</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1600 Troost</p>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">2115 Olive</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1600 Troost</p>				3870	
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Fred D. Hodges</p>			b. (Middle)			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Sept. 15, 1952</p>			5. SEX <p style="text-align: center;">Male 2</p>			6. COLOR OR RACE <p style="text-align: center;">Colored</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Single</p>	
8. DATE OF BIRTH <p style="text-align: center;">Aug. 7, 1900</p>			9. AGE (In years last birthday) <p style="text-align: center;">52</p>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Laborer</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Campbellville, Ky. /</p>		
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			13a. FATHER'S NAME <p style="text-align: center;">Ben Hodges</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Eliza Graves</p>			
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">none</p>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>			16. SOCIAL SECURITY NO. <p style="text-align: center;">486-01-4173</p>			
17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Dennis Hodges</p>			ADDRESS <p style="text-align: center;">1604 Garfield</p>			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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">My heart failed</p>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: center;">Disease</p> <p style="text-align: center;">Arteriosclerosis</p>			INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">143X</p>			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">History from M.D. Clinic</p>			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)			
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____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <p style="text-align: center;">Dennis Hodges</p>			23b. ADDRESS <p style="text-align: center;">1612 E. 17th</p>			23c. DATE SIGNED <p style="text-align: center;">9/19/52</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">9/20/52</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Lincoln Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">9-20-52</p>			REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Holmes</p>			25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Walter Bess</p>			
ADDRESS <p style="text-align: center;">18th & Benton</p>			ADDRESS						

WRITE PLAINLY—USING UNFAADING 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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.