

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14249**
2092

FILED MAY 8 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon 8160	
d. FULL NAME OF HOSPITAL OR INSTITUTION Long Nursing Home		d. STREET ADDRESS (If rural, give location) 1441 Indp. Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Hervey		c. (Last) Hodgen		4. DATE OF DEATH (Month) (Day) (Year) April 19 1953	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 1866		9. AGE (In years last birthday) 86		10. UNDER 1 YEAR Months 2 Days 2		11. UNDER 1 HR. Hours 2 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physican			10b. KIND OF BUSINESS OR INDUSTRY Doctor of Medicine			11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Kentucky /			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME -----		13b. MOTHER'S MAIDEN NAME -----		14. NAME OF HUSBAND OR WIFE 0-----	
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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) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Kansas City, Missouri Nursing Home Records-- 1441 Indep. Blvd	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		2 yrs.	
		DUE TO (c)		450'	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 1-1-53, 1953, to 4-19-53, that I last saw the deceased alive on 4-18-53, and that death occurred at 4:00P.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Lawrence		23b. ADDRESS 428 South White Ave		23c. DATE SIGNED 4-19-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr 20 1953		24c. NAME OF CEMETERY OR CREMATORY Lebanon		24d. LOCATION (City, town, or county) (State) Lebanon, Kentucky	
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DATE REC'D BY LOCAL REG. 4-20-53		REGISTRAR'S SIGNATURE Geraldine Smith		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Newcomers Son, Kansas City, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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 Charles H. Steffen

Licensed Embalmer No. 4560

P. O. Address KP Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.