

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17994

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 715

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>45 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1413 Penn Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3225 S. 11th St. Parkview Nurs. Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Jane</u> c. (Last) <u>Hodson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 5, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>presser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sum Mfg. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fanning, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Gurwell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Kimble</u>	14. NAME OF HUSBAND OR WIFE <u>William S. Hodson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Helen Whitlow, St. Joseph, Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>1 yr x</u>
	DUE TO (c) _____			
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 <u>331 X</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) _____
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 7-1-, 1954 to 7-1-, 1954, that I last saw the deceased alive on 7-1-, 1954, and that death occurred at 5:50 P. m., from the cause and on the date stated above.

23a. SIGNATURE (Signer or title) <u>Clifton Smith M.D.</u>	23b. ADDRESS <u>218 N. 7th Street St. Joseph 54, Missouri</u>	23c. DATE SIGNED <u>7-3-54</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>DURIAL</u>	24b. DATE <u>7/6/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>July 7, 1954</u>	REGISTRAR'S SIGNATURE <u>Eather M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Brown St. Joseph Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

W. Clayton Smith

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

Signature of Student Embalmer

Signed *J. Eugene Wood*

Licensed Embalmer No. *380*

P. O. Address *319 So 10th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.