

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29853

State File No.

FILED OCT 11 1954

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1059		
1. PLACE OF DEATH a. COUNTY B uchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan				
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 24 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 E. Kansas Ave.				e. STREET ADDRESS (If rural, give location) 210 E. Kansas Ave. 011/0				
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) James c. (Last) Hodges			4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 3, 1888		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager			10b. KIND OF BUSINESS OR INDUSTRY Machine Shop		11. BIRTHPLACE (City and State or Foreign Country) Hodges Park, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edmond J. Hodges			13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Vertis Hodges			
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. 509-09-0913		17. INFORMANT'S SIGNATURE OR NAME Vertis Hodges ADDRESS 210 E. Kansas Ave. St. Joseph, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Man died in bed in his home, there is no history of recent serious illness or disability, but man was known to have a heart ailment II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/201					INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 man on 10/3, 1954 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) H. F. Mundy (Coroner) M.D.				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 10/3/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 4, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Oct 6, 1954		REGISTRAR'S SIGNATURE Eather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Carl A. Clark		ADDRESS Clark Funeral Home St. Joseph, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *E. A. Clark*

Licensed Embalmer No. *420*

P. O. Address *St. Joseph*

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.