

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. John White
State File No. 5486

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 481

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>304 W. Brooks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 W. Brooks</u>		d. STREET ADDRESS (If rural, give location) <u>304 W. Brooks</u>	
3. NAME OF DECEASED a. (First) <u>HARVE</u> (Type or Print)		b. (Middle) <u>LEE</u>	
c. (Last) <u>HODGERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-12-1955</u>	
5. SEX <u>M & F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Oct-2-1876</u>
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>4</u> DAYS <u>10</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sengmon Co</u>	
11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Leroy Hodgerson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha nee Sadie Hodgerson</u>	
14. NAME OF HUSBAND OR WIFE <u>Sadie Hodgerson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Hodgerson</u> ADDRESS <u>Brookfield 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION (Congestive) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Debility</u> <u>10 yrs.</u> DUE TO (c) <u>Bronchial Asthma</u> <u>60 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>241 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brookfield Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>		22. I hereby certify that I attended the deceased from <u>July 1, 1954</u> , to <u>Feb. 12, 1955</u> , that I last saw the deceased alive on <u>Feb. 12, 1955</u> , and that death occurred at <u>5:28A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John W. White</u> (Registrar title)		23b. ADDRESS <u>Brookfield, Missouri</u>	
23c. DATE SIGNED <u>2/14/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Bur</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		DATE REC'D BY LOCAL REG. <u>2-15-55</u>	
REGISTRAR'S SIGNATURE <u>Nednie Stambach</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Blacklock</u> ADDRESS <u>Brookfield Mo</u>	

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
Student Embalmer

Signed J. H. Blacklock.....

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.