

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21375

State File No.

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>Rural Wagon</u>	c. LENGTH OF STAY (In this place) <u>24 hours</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park View Resort</u>		e. STREET ADDRESS (If rural, give location) <u>3007 1/2 Penn St 0117</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen Eugene</u> b. (Middle) <u>Hodge</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 20 - 1924</u>
9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Fred Hodge</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Ann Elizabeth Southland Sallie Phillips</u>	13c. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-202462</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Taper</u> ADDRESS <u>in Bill Fold</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> ANTECEDENT CAUSES DUE TO (b) <u>Fall from Water bike</u> DUE TO (c) <u>in 40 ft deep Lake Water</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>food filled stomach and fatty acids mixed into veins</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E9294</u> <u>42</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident Lake Resort</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>VIEW TP</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wagon Camden "015 MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 16-1955 6:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell into deep water did not swim</u>		22. I hereby certify that I attended the deceased from <u>July 16</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased <u>alive on</u> , 19____, and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Abbie Bankson Wooley</u> (Deputy or Title)		23b. ADDRESS <u>Camden MO</u>	
23c. DATE SIGNED <u>July 17-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>July 17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph MO</u>	
24d. LOCATION (City, town, or county) (State) <u>St Joseph MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Horton - Bowman</u> ADDRESS <u>St Joseph MO</u>	
DATE REC'D BY LOCAL REG. <u>July 17-1955</u>		REGISTRAR'S SIGNATURE <u>Zilpha Desu</u> ADDRESS <u>420</u>	

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

JUG 12 1955

APR 18 1955

AUG 5

JUL 27 1955

JUL

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.....

Abbie Benson

Licensed Embalmer No. 24

P. O. Address *Camden*

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.