

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30753

3901

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3901			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 75 yrs		c. CITY OR TOWN Kansas City		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 Grosse Nursing Home				e. STREET ADDRESS (If rural, give location) 5641 Harrison 3828					
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH			b. (Middle) D.		c. (Last) HODGES		4. DATE OF DEATH (Month) (Day) (Year) 9 4 56		
5. SEX 1 Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-31-1874		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY xx		11. BIRTHPLACE (City and State or Foreign Country) New Berlin, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Draco Marlowe			13b. MOTHER'S MAIDEN NAME Mary Jordan			14. NAME OF HUSBAND OR WIFE Clarence F. Hodges			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. xx		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert M. Hodges, 5641 Harrison, KC 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon with Peritoneal Metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Peritoneal Metastasis DUE TO (c) Hemiplegia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hemiplegia						INTERVAL BETWEEN ONSET AND DEATH 153x	
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) (Min)		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 2/26/56 to 9/4/56, that I last saw the deceased alive on 9/4/56, and that death occurred at 12:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Harold Pasman (Degree of Physician) <i>Harold Pasman</i>				23b. ADDRESS 1701 E 63		23c. DATE SIGNED 9/5/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-6-56		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 9-5-56		REGISTRAR'S SIGNATURE neva munsell			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, K C Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

701 East 63rd  
JA - 3 - 6545

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 *Alvin R. Haussch*

Licensed Embalmer No. *4125*

P. O. Address *H. C. W.*

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.