FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4050

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 766

1. PLACE OF DEATH
a. COUNTY Clay County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 102 E. Briar Cliff Length of stay in Ib 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte
c. CITY OR TOWN Platte City 0830 0 Inside Limits Yes ☐ No X
d. STREET ADDRESS Carrol Township (If outside, give location) Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Sarah Middle [illegible] Last Hodges
4. DATE OF DEATH Month Feb. Day 11 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 10, 1872
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Boiseman Mont.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Bothwell
14. MOTHER'S MAIDEN NAME Jennette Sloan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT J. C. Hodges Address Platte City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 20 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 4270
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bronchopneumonia
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Jan 15 1957 to 2-11-57 and last saw her him alive on 2-10-57
Death occurred at 4:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Gilbert M. Cassidy (Degree or title) 0
22b. ADDRESS Smithville Mo
22c. DATE SIGNED 2-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Feb. 12, 1957
23c. NAME OF CEMETERY OR CREMATORY Second Creek Cemetery
23d. LOCATION (City, town, or county) Platte County (State) Mo.
24. FUNERAL DIRECTOR Rollins & Mitchell ADDRESS Platte City Mo.
25. DATE RECD. BY LOCAL REG. 2-18-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Gilbert Cassidy M. D.

5008

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland M. Gifler

Licensed Embalmer No. 47

P. O. Address Belle City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.