. Health,
& Welfare
. Public
h Service

S. 300 0
. 1-57

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13174
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1424

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KansasCity — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lake Side Hospital — Length of stay in 1b 39 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4015 Linwood — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Clayton Middle Waltus Last Hodgen

4. DATE OF DEATH Month March Day 26 Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 10-2-1878

9. AGE (In years last birthday) 78 — 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) Retired Architect

10b. KIND OF BUSINESS OR INDUSTRY House Plans

11. BIRTHPLACE (City and state or country) ~~Plesant~~ Pleasant Plain, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Robert Hodgen

13b. MOTHER'S MAIDEN NAME Olive Zporia Lynn

14. NAME OF HUSBAND OR WIFE Katherine Hodgen

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. 444-07-3415

17. INFORMANT Ray Lee Hodgen Address 3714 So Benton Kan City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — 3 yrs.
DUE TO (c) Senility — 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 Feb 1952, to 3/26/57 and last saw her/him alive on 3/26/57.
Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. G. Gehrke (Degree or title) E. G. Gehrke

22b. ADDRESS 1400 E 31st K.C. Mo.

22c. DATE SIGNED 3/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-29-57

23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Hellody McGilley ADDRESS Lylar Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 3-27-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Dr. E. L. Gehrke
1400 1/2 E 31 Wa 1-4632

till 5:00 PM

KP 2

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 James Hockleman

Licensed Embalmer No. 4573

P. O. Address K.C. 220

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.