

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017649

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 154

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1-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BRENTWOOD 45110</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPT</u> Length of stay in lb <u>3 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>8525 EULALIE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>RICHARD EUGENIE HODGSON</u>			4. DATE OF DEATH Month Day Year <u>MAY 24 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 21, 1939</u>
9. AGE (In years last birthday) <u>18</u>		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) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>OKLAHOMA CITY, OKLA</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>MELVIN E. HODGSON</u>	
13b. MOTHER'S MAIDEN NAME <u>NAOMI I. ATKIN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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>UNAVAILABLE</u>	17. INFORMANT Address <u>MELVIN HODGSON BRENTWOOD</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Shock</u> <u>fractured skull & Brain Laceration</u> DUE TO (b) <u>fractured ribs & Pneumothorax</u> DUE TO (c) <u>fractured ribs & Pneumothorax</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Head on collision of two cars</u>		20c. TIME OF INJURY Hour Month, Day, Year <u>4:10 p.m. May 23 '58</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
20f. CITY, TOWN, OR LOCATION <u>South of Eldon Miller Mo</u>		COUNTY <u>066</u> STATE	
21. I attended the deceased from <u>5/23/58</u> to <u>5/24/58</u> and last saw him alive on <u>5/24/58</u> Death occurred at <u>4:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Francis V. Meier M.D.</u>		22b. ADDRESS <u>Jeff. City, Mo.</u>	
22c. DATE SIGNED <u>5/24/58</u>		22d. LOCATION (City, town, or county) (State) <u>Hutchinson KANSAS</u>	
23. BURIAL, CREMATION, REMOVAL, (Specify) <u>Barcal-Rea</u>		23a. DATE <u>MAY 25, 1958</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>FAIR LAWN</u>		23c. LOCATION (City, town, or county) <u>Hutchinson KANSAS</u>	
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u>		ADDRESS <u>Eldon</u>	
25. DATE RECD. BY LOCAL REG. <u>24 May 1958</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Darrington M.D.</u>	

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.

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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
Signature of Student Embalmer

Signed *Louis D. Hedgicock*

Licensed Embalmer No. *3663*

P. O. Address *Bedon*

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.