

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000622  
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 10

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>2800 Hospital Dr.</u>		c. CITY OR TOWN <u>N. K. C. 60-1</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W. C. Memorial 16 Hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>Route 13</u>	

3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>H.</u> Last <u>Hodges</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>17</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-31-01</u>		9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Express</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rig</u>		11. BIRTHPLACE (City and state or country) <u>Koshkonong Mo</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John F Hodges</u>		13b. MOTHER'S MAIDEN NAME <u>Maggee Dixon</u>		14. NAME OF HUSBAND OR WIFE <u>Gene Hodges</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>no</u>		17. INFORMANT <u>Gene Hodges - R13 N. Kansas City Mo.</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>Peritonitis of the stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>151X</u>		

20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>12-11-53</u> to <u>1-17-59</u> and last saw <sup>her</sup> him alive on <u>1-16-59</u> Death occurred at <u>11:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert H. Hodge M.D.</u>		22b. ADDRESS <u>329 Army Ave Mo</u>		22c. DATE SIGNED <u>1-19-59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Jan. 20 1959</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Garrison</u>		23d. LOCATION (City, town, or county) (State) <u>Clayton Mo</u>	
24. FUNERAL DIRECTOR <u>Church-Orchard Co. Clayton Mo</u>				25. DATE RECD. BY LOCAL REG. <u>1-19-59</u>		26. REGISTRAR'S SIGNATURE <u>Maguerite Hodgens</u>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Robert H. Hodge - M.D.

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 17 1959  
JAN 28 1959



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 *John Lomborg* .....

Licensed Embalmer No. *4448* .....

P. O. Address *Liberty* .....

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.