RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-029547

STATE FILE NUMBER

FILED VS SEP 15 1959

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 132

IDED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Twp — Length of stay in 1b 15 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Rest Home — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First David Middle Robert Last Hodson

4. DATE OF DEATH Month September Day 3, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-18-1874
9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (City and state or country) Quaker Valley Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jesse Hodson
13b. MOTHER'S MAIDEN NAME Olive Harvey
14. NAME OF HUSBAND OR WIFE Mary A. Hodson

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. No
17. INFORMANT Address Mrs Lee A. Weaver, R.R.2, Jasper 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) Respiratory Failure (Bulbar) — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Apoplexy (Cerebral Hemmorhage) — 6 Months
DUE TO (c)

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

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. 4-57, to Sept. 3-59 and last saw ~~her~~ him alive on 9-2-59
Death occurred at 3 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn Q. Oney, D.O.
22b. ADDRESS Alba-Mo
22c. DATE SIGNED 9-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-6-1959
23c. NAME OF CEMETERY OR CREMATORY Friends
23d. LOCATION (City, town, or county) (State) Purcell Missouri

24. FUNERAL DIRECTOR ADDRESS Hedge-Lewis Funeral Home-Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 9-7-59
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard Troy Law

Signature of Student Embalmer

Licensed Embalmer No. 4400

P. O. Address Webb Ci

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