

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 30 1959

'59 0 4 4 2 0 2

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6001

6001

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS C.TY</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <u>30 months</u>		c. CITY OR TOWN <u>ARCHIE</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LINDAMAN-M'CARTY INC.</u>		d. STREET ADDRESS <u>NONE</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>WANONA BLANCHE HODGES</u>			4. DATE OF DEATH Month Day Year <u>Dec 14 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-23-1877</u>	9. AGE (last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home-maker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Amish, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>JAMES M. KELLUM</u>	13b. MOTHER'S MAIDEN NAME <u>LEONA HARDY</u>	14. NAME OF HUSBAND OR WIFE <u>Jesse Hodges</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-14-2195A</u>	17. INFORMANT <u>Ethel MURIEL ARCHIE, mo</u>

18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>1-4 Weeks</u>
IMMEDIATE CAUSE (a) <u>Uremia</u>	DUE TO (b) <u>Congestive Heart Failure</u>	<u>1 Week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <u>Atherosclerosis Generalized</u>	<u>years</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year	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 5-3-58 to 12-14-59 and last saw her alive on 12-11-59
 Death occurred at 6:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Emory R. Calovich</u> Degree or title	22b. ADDRESS <u>4620 J.C. Nichols</u>	22c. DATE SIGNED <u>12/14/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-14-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>
23d. LOCATION (City, town, or county) <u>Adrain Missouri</u>	24. FUNERAL DIRECTOR <u>Atkinson-Dickey</u>	25. DATE RECD. BY LOCAL REG. <u>12-14-59</u>
26. REGISTRAR'S SIGNATURE <u>Irva Marshall</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF EMORY R. CALOVICH

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 _____
Signature of Student Embalmer

Signed Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Anniston, Ala.

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.