RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-015395

FILED VS APR 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1961 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF WORLD HOSP. — Inside Limits Yes ☒ No ☐

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) 3303 College — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First INFANT Middle Last HODGE
4. DATE OF DEATH Month April Day 1, Year 1960
5. SEX male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-1-60
9. AGE (last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hrs. 4 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME R.C. Hodge
13b. MOTHER'S MAIDEN NAME Delores Jean Wilson
14. NAME OF HUSBAND OR WIFE none
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 Delores Jean Hodge Address 3303 College

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INNATURITY DUE TO PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH
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)
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 4-1-60, to 4-1-60 and last saw her him alive on 4-1-60
Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Starks J. Williams, M.D. (Degree or title)
22b. ADDRESS 2462 A. Brooklyn K.C. Mo.
22c. DATE SIGNED 4-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 4-6-60
23c. NAME OF CEMETERY OR CREMATORY Lincoln
23d. LOCATION (City, town, or county) Kansas City (State) Mo.
24. FUNERAL DIRECTOR Watkins Bros. Fu. Home ADDRESS 18th Benton
25. DATE RECD. BY LOCAL REG. 4-6-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Starks J. Williams 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 Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th Benton

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