

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-001747
695 STATE FILE NUMBER

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

FILED FEB 15 1962

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in lb 1 month | c. CITY OR TOWN OLATHE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 430 SOUTH WATER ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|---|----------------------------------|---|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First FRANK Middle (NMI) Last HODGES | | | 4. DATE OF DEATH Month FEB. Day 5. Year 1962 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-19-1863 | 9. AGE (last birthday) 98 | IF UNDER 1 YEAR Months 4 Days 17 | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBERMAN | | 10b. KIND OF BUSINESS OR INDUSTRY LUMBER | 11. BIRTHPLACE (City and state or country) BOSCOBEL, WISCONSIN | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME WM. WESLEY H ODGES | | 13b. MOTHER'S MAIDEN NAME LYDIA ANN HARTSHORN | | 14. NAME OF HUSBAND OR WIFE DECEASED | | |

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO NO

17. INFORMANT **Frank Hodges Olathe Kan** Address _____

18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list on reverse side.)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **congestive heart failure** INTERVAL BETWEEN ONSET AND DEATH **wks.**

DUE TO (b) **arteriosclerotic heart disease**

DUE TO (c) **Generalized arteriosclerosis**

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 _____ Month, Day, Year _____ a.m. _____ p.m.

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 **12-30-61** to **2-5-62** and last saw him alive on **2-5-62**
Death occurred at **12:30** p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **V. B. Ballard** (Degree or title) _____

22b. ADDRESS **411 Nichols Road Kansas City Mo 64112**

22c. DATE SIGNED **2/6/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

23b. DATE **2-7-1962**

23c. NAME OF CEMETERY OR CREMATORY **OLATHE CEMETERY**

23d. LOCATION (City, town, or county) **OLATHE KANSAS.**

24. FUNERAL DIRECTOR **Madame Marie Olathe Kans** ADDRESS _____

25. DATE RECD. BY LOCAL REG. **2-6-62**

26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 V. B. Ballard
 SHOULD READ
 ITEM NO.

3

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 Martin W. Dyer

Licensed Embalmer No. 2615

P. O. Address Clifton, N.J.

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.