

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0006084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 62

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		c. CITY OR TOWN Windsor	
Length of stay in 1b 9 wks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Windsor Hospital		d. STREET ADDRESS (If outside, give location) RFD # 2	
3. NAME OF DECEASED (Type or print) MARTHA HODSHIRE		4. DATE OF DEATH February 22, 1967	
5. SEX Female	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 7/27/1876
9. AGE (last birthday) 90	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Benton County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME D. C. Allen	
14. MOTHER'S MAIDEN NAME Mary Bumpas		15. NAME OF HUSBAND OR WIFE C. M. Hodshire	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. 489-50-3488	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory collapse		INTERVAL BETWEEN ONSET AND DEATH instant	
DUE TO (b) General physical disability		1 month	
DUE TO (c) Fracture of the hip		12-25-66	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Mrs. Hodshire fell at her home	
20c. TIME OF INJURY Hour: 00 a.m. Month, Day, Year: 12-21-66		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Windsor	
20g. COUNTY Benton		20h. STATE Mo.	
21. I attended the deceased from 12-28-66 to 2-22-67 and last saw her alive on 2-22-67		Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Do not write title) William Smith MD		22b. ADDRESS 103 W. Colt St. Windsor, Mo.	
22c. DATE SIGNED 2-24-67		23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
23b. DATE 2/25/1967		23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons	
23d. LOCATION (City, town, or county) Kansas City, Missouri		24. FUNERAL DIRECTOR Huston-Hadley Windsor, Missouri	
25. DATE RECD. BY LOCAL REG. Feb. 27, 67		26. REGISTRAR'S SIGNATURE Mildred Bigan	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 19 1967

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

Charles H. Kelly

Licensed Embalmer No. 5220

P. O. Address Clindon, Missouri

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.