

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27599

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 43

690

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN PARIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) S. MAIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. MAIN ST.			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) D. c. (Last) BODINE			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 2, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH APR. 5, 1893		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 4 Days 27 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER OF RECREATION PARLOR: BILLIARDS & POOL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN MARTIN BODINE		13b. MOTHER'S MAIDEN NAME MARTHA BERKS		14. NAME OF HUSBAND OR WIFE Mrs. Nadine B. Lewis	
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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. YES		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nadine B. Lewis ADDRESS PARIS, MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH N.K.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (Specify)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **9-2-1950**, to **9-2-1950**, that I last saw the deceased alive on **9-1-1950**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE F. A. Barnett (Degree or title) M.D.		23b. ADDRESS PARIS, MISSOURI.		23c. DATE SIGNED 9-3-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-3-50		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MISSOURI	
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DATE REC'D BY LOCAL REG. 9-3-50		REGISTRAR'S SIGNATURE F. A. Barnett		435		25. FUNERAL DIRECTOR'S SIGNATURE M. D. Speed ADDRESS PARIS, MISSOURI	
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Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-144
Date Filed: SEP 7 1950

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
Student Embalmer

Signed W. Blakely

Licensed Embalmer No. 2616

P. O. Address PARIS, MO.

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 this body is not embalmed, fact should be so stated above.