

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1679

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 10

0540

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

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CONCORDIA</u>	c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CONCORDIA</u> <u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10th AT BISMARCK ST.</u>		d. STREET ADDRESS (If rural, give location) <u>10th AT BISMARCK ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRIEDERIKE</u> b. (Middle) <u>JOHANNE</u> c. (Last) <u>BODENSTADT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 11, 1883</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>STOVER MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>OTTO FISCHER</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE WIECHERT</u>	14. NAME OF HUSBAND OR WIFE <u>AUGUST BODENSTADT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HENRY BODENSTADT</u> ADDRESS <u>EMMA, MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension and</u> DUE TO (c) <u>coronary thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1/15/1951, to 1/30/1951, that I last saw the deceased alive on 1/30/1951, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. R. Robinson, D.O.</u>	23b. ADDRESS <u>Concordia, Mo.</u>	23c. DATE SIGNED <u>2/1/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Chayton H Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>
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RECEIVED 26 51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-6-51

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 Ma

Student Embalmer No. _____

working under my personal supervision.

Signed E. S. James

Signed _____
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.