

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17546

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5989		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY PUTNAM 0860				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY PUTNAM 0860			
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) TOWN LIVONIA 7 YRS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LIVONIA 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) LOUIS		c. (Last) BODKIN	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH JAN 31, 1857	
9. AGE (In years last birthday) 95		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) OHIO 1	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ROBERT BODKIN		13b. MOTHER'S MAIDEN NAME EMILY JACKSON		14. NAME OF HUSBAND OR WIFE SARAH BODKIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FLORENCE FERGUSON LIVONIA MO			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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. Chronic Nephritis 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19b. MAJOR FINDINGS OF OPERATION 331X		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) (STATE)		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 May 1, 1952, to May 15, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 10 a.m., from the causes and on the date stated above.							
23a. SIGNATURE 1024 Kent Na. Dr.				23b. ADDRESS Coatsville Mo		23c. DATE SIGNED 5-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 20, 52		24c. NAME OF CEMETERY OR CREMATORY ST. JOHN		24d. LOCATION (City, town, or county) (State) LIVONIA MO	
DATE REC'D BY LOCAL REG. 5-24-52		REGISTRAR'S SIGNATURE Marshall D. Durbine		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett R. Head Lancaster Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Everett B. Head

Licensed Embalmer No. *4038*

P. O. Address *Lancaster, 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.