

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19142

State File No. \_\_\_\_\_

FILED MAY 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>64</u>							
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp.</u>		c. LENGTH OF STAY (in this place) <u>54-8-12</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brown Springs 0510</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>Rural 1</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>-</u> c. (Last) <u>Bodurff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-19-1952</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>October 1865</u>		9. AGE (In years last birthday) <u>87</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 HR.</td> </tr> <tr> <td>Months _____</td> <td>Days _____</td> </tr> <tr> <td>Hours _____</td> <td>Min. _____</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 1 HR.	Months _____	Days _____	Hours _____	Min. _____
# UNDER 1 YEAR	# UNDER 1 HR.												
Months _____	Days _____												
Hours _____	Min. _____												
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 _____		11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY? <u>Johnson</u>						
13a. FATHER'S NAME <u>Henry Gibbs</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Dwyer</u>		14. NAME OF HUSBAND OR WIFE <u>William</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.H. Gibbs - Brown Springs, Mo.</u>									
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) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5-5-1952</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture Left Femur</u> <u>accidental fall from bed.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9027</u> <u>45</u>											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>10R</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Twp. Vernon. Mo</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-5-1952 9 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from Bed.</u>									
22. I hereby certify that I attended the deceased from <u>6-1-</u> 19 <u>46</u> to <u>5-19-</u> 19 <u>52</u> that I last saw the deceased alive on <u>5-19</u> , 19 <u>52</u> , and that death occurred at <u>9:20 P.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree of title) <u>J.P. Burch, M.D.</u>				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>5-19-52</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital #3</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon. Mo</u>								
DATE REC'D BY LOCAL REG. <u>5-21-1952</u>		REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eichling Funeral Home Nevada Mo</u>									

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 <sup>NOT</sup> embalmed by me, or by \_\_\_\_\_

working under my personal supervision. ~~Student Embalmer No. \_\_\_\_\_~~

Student .....  
Student Embalmer

*Not Embalmed*  
Signed *Levey J. McElister*  
Licensed Embalmer No. *4506*  
P. O. Address *Navasota, 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.