

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20078**
Registrar's No. **570**

FILED JUN 16 1952
BIRTH NO. _____

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchannany 117	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 11 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2023 North Glenstone		e. STREET ADDRESS (If rural, give location) 2921 Edmond	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) FRED	
c. (Last) BODE		4. DATE OF DEATH (Month) (Day) (Year) June 12, 1952	
5. SEX Male 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 16, 1874
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) St Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Bode	
13b. MOTHER'S MAIDEN NAME Amelia Laubert		14. NAME OF HUSBAND OR WIFE Mary M Bode	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mary M. Bode, St Joseph, Missouri
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Natural causes) (Coronary disease) 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 4201	
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) 6-12-52 5:00 A.M.	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 _____, 19____, to _____, 19____, that I have seen the deceased die, and that death occurred at 5:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Name and Title) Dr. E. Allen Pickens, Coroner		23b. ADDRESS 407 Medical Arts Bldg.	23c. DATE SIGNED 6-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) St Joseph, Missouri
DATE REC'D BY LOCAL REG. 6-12-52	REGISTRAR'S SIGNATURE Earl Wilherson	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer, Springfield, Mo.	

10/11/53

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 *David C. Hunter*

Licensed Embalmer No. 4739

P. O. Address *Springfield, 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.