

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27635**

FILED SEP 9 - 1952

REG. DIST. NO. **106** PRIMARY REG. DIST. NO. **1478** Registrar's No. **13**

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| BIRTH NO. | | REG. DIST. NO. 106 | | PRIMARY REG. DIST. NO. 1478 | | Registrar's No. 13 | |
| 1. PLACE OF DEATH a. COUNTY Dunklin | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb | | c. LENGTH OF STAY (In this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb | | d. STREET ADDRESS (If rural, give location) City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home-City | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) FLORENCE | | a. (First) | | b. (Middle) | | c. (Last) BODINE | |
| 4. DATE OF DEATH (Month) (Day) (Year) AUG. 13 1952 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Oct. 4, 1900 | | 9. AGE (In years last birthday) 51 | | IF UNDER 1 YEAR Month Day Hours Min. 10 9 | | IF UNDER 2 WKS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Jack Marler | | 13b. MOTHER'S MAIDEN NAME Nannie Nickles | | 14. NAME OF HUSBAND OR WIFE William Bodine | | | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Bodine, Holcomb, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy INTERVAL BETWEEN ONSET AND DEATH 1 hour 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. 334x | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | | 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) | | 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 8-1, 1952 to 8-13, 1952 that I last saw the deceased alive on 8-13, 1952 and that death occurred at 2:45 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Paul Baldwin M.D. | | | | 23b. ADDRESS Kennett Mo | | 23c. DATE SIGNED 8-18-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Aug. 15, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery | | 24d. LOCATION (City, town, or county) (State) Clarkton, Missouri | |
| DATE REC'D BY LOCAL REG. 8-28-52 | | REGISTRAR'S SIGNATURE J. Henderson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home Campbell, Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-2-52

COUNTY FILE NUMBER 952-237

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, m

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.