

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15060**

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818** Registrar's No. **21**

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

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY OR TOWN Rural-Morgan	c. LENGTH OF STAY (In this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Morgan 0710	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. So. of Versailles		d. STREET ADDRESS (If rural, give location) 3 mi. So. of Versailles	

3. NAME OF DECEASED (Type or Print) William			4. DATE OF DEATH April 11 1953		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
William		Bodeman	April	11	1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 28, 1880	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR 9 MONTHS 12 DAYS 12 HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker on Fish Hatchery		10b. KIND OF BUSINESS OR INDUSTRY Caretaker at Fish Hatchery		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Bodeman	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Elizabeth Bodeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Ora Leatherman Versailles, Mo. ADDRESS Verailles, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	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 4/44X	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)	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 **April 7, 1953**, to **April 11, 1953**, that I last saw the deceased alive on **April 10, 1953**, and that death occurred at **7:09 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack Gunn M.D. (Degree or title)	23b. ADDRESS Verailles, Mo.	23c. DATE SIGNED 4.11.53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 11, 1953	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) ST Louis Missouri
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DATE REC'D BY LOCAL REG. Apr 13-1953	REGISTRAR'S SIGNATURE J.L. Washburn, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Jana R. Schuman ADDRESS Verailles, Mo.
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Reside at Versailles, Mo. (If deceased, Registrar's Statement on Reverse Side)

APR 21 1958

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 James R. Scribner
Licensed Embalmer No. 4880

P. O. Address Versailles, 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.