

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11223**

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 459
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 60 Yrs	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 612 North 5th St.		e. STREET ADDRESS (If rural, give location) 612 North 5th St. 0113		
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Francis c. (Last) Bodart		4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 2, 1893	9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery	11. BIRTHPLACE (City and State or Foreign Country) Troy, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Joseph Bodart		13b. MOTHER'S MAIDEN NAME Mary Kenny	14. NAME OF HUSBAND OR WIFE Dorothy Bodart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.# 1		16. SOCIAL SECURITY NO. 491-10-1660	17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothy Bodart ADDRESS 612 N 5th City	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of nose (Malignant) MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE Aug 1953
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Anaemia				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) 148 X		
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 8/17 , 19 53 , to 4/29 , 19 54 , that I last saw the deceased alive on 4/27 , 19 54 , and that death occurred at 4:00p m., from the causes and on the date stated above.				
23a. SIGNATURE Frank H. Hargrave (Degree or title) M.D.		23b. ADDRESS 670 Francis St., City		23c. DATE SIGNED 4/30/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 3, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. May 3, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenfaden ADDRESS 1802 Union St. St. Joseph, Mo.	

REAR

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.....
Signature of Student Embalmer

Signed *Robert H. Gable*.....

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph,.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.