

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26594

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 62

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> | |
| b. CITY (If outside corporate limits, add RURAL and give township) <u>Rural Gallatin</u> | | c. CITY OR TOWN <u>Liberty</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>3 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>R 2</u> <u>6000</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R 2 Liberty</u> | | | |

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|---|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>JANE</u> c. (Last) <u>BODENHAMER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28-54</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Mar. 26-1872</u> | | 9. AGE (In years last birthday) <u>82</u> MONTHS <u>5</u> YEARS <u>2</u> IF UNDER 12 HOURS <u>2</u> IF UNDER 24 HRS. <u>2</u> MIN. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Stafford, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Martin Mullinot</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mariah West</u> | | 14. NAME OF HUSBAND OR WIFE <u>H.G. Bodenhamer</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> | | 16. SOCIAL SECURITY NO. <u>no.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Bodenhamer</u> | |
| | | | | ADDRESS <u>R 2 Liberty Mo.</u> | |

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|---|--|---|--|--|--|
| 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) <u>Perovary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Periton</u> | |
| 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. | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | 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) 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 last saw the deceased alive on _____, 19____, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Dr. C. J. Pate</u> | | 23b. ADDRESS <u>A. Kansas Pita, Mo.</u> | | 23c. DATE SIGNED <u>8-28-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 31-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mullinot</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Stafford Mo.</u> | | DATE REC'D BY LOCAL REG. <u>8-28-54</u> | | REGISTRAR'S SIGNATURE <u>Marguerite Judger</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Cochran</u> | | ADDRESS <u>Liberty 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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4444

P. O. Address Liberty

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.