

No. 300
10.48

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28246

0610
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4316 Registrar's No. 262

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION -----

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Macon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria
d. STREET ADDRESS (If rural, give location) -----

3. NAME OF DECEASED (Type or Print)
a. (First) Jerrel C. Bodenhamer b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
August 5, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 27, 1874

9. AGE (In years last birthday) 79
10 UNDER 1 YEAR Months 10
11 UNDER 24 HRS. Days 8
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-Retired

10b. KIND OF BUSINESS OR INDUSTRY Own farm

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andrew C. Bodenhamer

13b. MOTHER'S MAIDEN NAME Millie Carver

14. NAME OF HUSBAND OR WIFE Susie Johnson Bodenhamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

(If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. No.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Junie Jones, Ethel, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Descending Paralysis
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. 357X

INTERVAL BETWEEN ONSET AND DEATH 6 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1954, to Aug-5, 1954, that I last saw the deceased alive on Aug-5, 1954, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.

23b. ADDRESS New Cambria

23c. DATE SIGNED Aug 5, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 7, 1954

24c. NAME OF CEMETERY OR CREMATORY Bell Cemetery

24d. LOCATION (City, town, or county) (State) N.W. of Ethel, Mo.

DATE REC'D BY LOCAL REG. Aug 9-54

REGISTRAR'S SIGNATURE Ruth McNeely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Hillbrand New Cambria Mo.

RECEIVED 8.17.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.59.138
Date Filed 8.19.54

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

H. E. Gilleland

Licensed Embalmer No. 4019

P. O. Address *New Lambria 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.