

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33724

State File No. ....

FILED OCT 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5543 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Boonelik Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Boonelik Township</u>	
c. LENGTH OF STAY (In days or weeks) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>10 m. S. of Glasgow</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 m. S. of Glasgow</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>04.50</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Richard</u> c. (Last) <u>Bodle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11, 1876</u>	9. AGE (In years last birthday) <u>77</u> If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if hobby) <u>Farmer &amp; Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Bodle</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Cooper</u>	14. NAME OF HUSBAND OR WIFE <u>Julie Estill Bodle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (rank, etc.)) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm Bodle</u>	ADDRESS <u>Glasgow 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Death</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
	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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 6, 1951, to 10-1, 1954, that I last saw the deceased alive on 8-26-1954, and that death occurred at 6:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>A. Gardner</u>	(Degree or title)	23b. ADDRESS <u>Glasgow Mo.</u>	23c. DATE SIGNED <u>10-7-54</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosehill</u>	24d. LOCATION (City, town, or county) (State) <u>Lesbon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-7-54</u>	REGISTRAR'S SIGNATURE <u>Walker Audaley</u>	410	25. FUNERAL DIRECTOR'S SIGNATURE <u>Audaley</u>	ADDRESS <u>Trenton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0450

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. H. Fremont*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.