

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43257

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6020

1. PLACE OF DEATH -
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township)
Kansas City

c. LENGTH OF STAY (in this place)
22 years

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Little Sisters of the Poor
STREET ADDRESS 5331 Highland 3758

3. NAME OF DECEASED
a. (First) Mrs Addie b. (Middle) Bodde c. (Last) BODDE

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 30, 1954

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH
March 6, 1876

9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 14 HRS.
78 years Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY
At Home

11. BIRTHPLACE (City and State or Foreign Country)
EASTON, Kansas

12. CITIZEN OF WHAT COUNTRY?
U. S.

13a. FATHER'S NAME
Jacob Mayor

13b. MOTHER'S MAIDEN NAME
Catherine Reichling

14. NAME OF HUSBAND OR WIFE
Lieu Bodde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Leo A. Bodde 5335 Rockhill Road

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Myocardial Infarction
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.
Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH
4201
10 yrs

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) (Min.)

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 3/19, 1954, to 12/30, 1954, that I last saw the deceased alive on 12/29, 1954, and that death occurred at 6.05 A.M. from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Fogarty (Occupation title)

23b. ADDRESS 402 Northman Bldg. 3 Mo

23c. DATE SIGNED 12/31/54

24a. BURIAL CREMATION REMOVAL (Specify)
Removal (Auto)

24b. DATE Jan. 2, 1955

24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24d. LOCATION (City, town, or county) (State)
Leavenworth, Kas.

DATE REC'D BY LOCAL REG 12.31.54 REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Thos. E. Quirk 4316 Troost Ave.

WRITE PLAINLY—USING UNFADEING 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.....
Thomas E. Jew

Licensed Embalmer No. 377

P. O. Address.....
R. E. 7

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.