

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17525**

BIRTH NO. _____		REG. DIST. NO. <b>360</b>		PRIMARY REG. DIST. NO. <b>6225</b>		Registrar's No. <b>52</b>	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY OR TOWN <b>Rural - Washington, Tenn</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 yrs</b>		c. CITY OR TOWN <b>Nevada</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				STREET ADDRESS (If rural, give location) <b>R.F.D. #1 1080</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b>			b. (Middle) <b>Albert</b>		c. (Last) <b>Bodswell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-27-1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>-1892</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborn</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Ohio 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Never married</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hester S. Poland - RFD #1 Nevada</b>			ADDRESS _____
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) <b>Apparent Heart Attack</b>					INTERVAL BETWEEN ONSET AND DEATH _____
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Died suddenly.</b> DUE TO (c) <b>Fell dead while cutting weeds with hand sickle</b>					
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>never</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I <del>had</del> saw the deceased alive on _____, 19____, and that death occurred at <b>8:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Walter D. Thurman, 3</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Nevada, Missouri</b>		23c. DATE SIGNED <b>5-27-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>May 28 - 55</b>		24b. DATE <b>Burial -</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Vernon Co. Missouri</b>		
DATE REC'D BY LOCAL REG. <b>6-2-1955</b>		REGISTRAR'S SIGNATURE <b>Anna B. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hays Funeral Service - Nevada, Mo.</b>		ADDRESS _____	

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *207*

P. O. Address *Nevada*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.