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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32354

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 568

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|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff | c. LENGTH OF STAY (In this place) 13 days | c. CITY OR TOWN Poplar Bluff | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital | | • STREET ADDRESS (If rural, give location) 408 Victor St., | |

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|---|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) W. c. (Last) Bodenstein | | | 4. DATE OF DEATH (Month) (Day) (Year) 10-24-55 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 11-19-93 | 9. AGE (In years last birthday) 61 | 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) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Gordonville, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Carl Bodenstein | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Edna Bodenstein |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) WWI Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Records |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis, new and old. | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis. Hemiplegia, rt. spastic. DUE TO (c) Arteriosclerotic heart disease. | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, arterial, severe. Cystic disease kidney, with pyuria | | |

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|--|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4210 | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) VA | 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 Oct. 11, 1955, to Oct. 24, 1955, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Ernest M. Tapp, M.D., Manager | 23b. ADDRESS VAH, Poplar Bluff, Mo. | 23c. DATE SIGNED 10-24-55 |
|--|---|-------------------------------------|

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|---|---|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Oct. 26-55 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens | 24d. LOCATION (City, town, or county) (State) Rural Poplar Bluff Mo |
| DATE REC'D BY LOCAL REG. 10/27/55 | REGISTRAR'S SIGNATURE John Muehle | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Funeral Chapel | |

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

RECEIVED

OCT 31 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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. _____

P. O. Address _____

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.