

FILED DEC 12 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37527**

BIRTH NO. _____

REG. DIST. NO. **211**PRIMARY REG. DIST. NO. **4324**Registrar's No. **33-55**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) Tusculum		c. CITY (If outside corporate limits, write RURAL and give township) St. Elizabeth	
c. LENGTH OF STAY (If in hospital) 2 days		d. STREET ADDRESS (If rural, give location) St. Elizabeth	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Humphreys Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) _____	
c. (Last) Bode		4. DATE OF DEATH (Month) (Day) (Year) 11/24/55	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 7/29/1882
9. AGE (In years) (last birthday) 73		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) St. Elizabeth, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bernard Bode	
13b. MOTHER'S MAIDEN NAME Gertrude Wolf		14. NAME OF HUSBAND OR WIFE None	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME Josephine Wilbers		ADDRESS St. Elizabeth, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cardio vascular disease	
DUE TO (c) Diarrhea		year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442x	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? _____		22. I hereby certify that I attended the deceased from JUNE 18th to 11/24 , 19 55 , that I last saw the deceased alive on 11/24 , 19 55 , and that death occurred at 4:30 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) D. E. Humphrey, D.O.		23b. ADDRESS Tusculum, Mo.	
23c. DATE SIGNED 11-30-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11/26/55		24c. NAME OF CEMETERY OR CREMATORY St. Elizabeth	
24d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	
25. ADDRESS Hedges Funeral Homes Inc Iberia, Mo.		DATE REC'D BY LOCAL REG. 12/2/55	
REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach		522	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—PLEASE

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 _____

Licensed Embalmer No. 4265

P. O. Address Shreve, 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.