

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23092

State File No.

FILED AUG 14 1956

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY OR TOWN <u>BRUNSWICK RURAL</u>		c. CITY OR TOWN <u>BRUNSWICK</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>40 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL 0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MI. NORTH OF BRUNSWICK</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>BODDY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 8-1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JUNE 4-1881</u>	9. AGE (In years last birthday) <u>75</u>	if UNDER 1 YEAR Months	if UNDER 24 Hrs. Days	if UNDER 12 Hrs. Hours	if UNDER 12 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BRUNSWICK MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN BACHTEL</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE FLORIE</u>	14. NAME OF HUSBAND OR WIFE <u>WIDOW</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRANCES BODDY</u>	ADDRESS <u>BRUNSWICK MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head Injury</u>			
ANTECEDENT CAUSES	DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, store bldg., etc.) <u>Country Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>021</u> (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 8-1956 5:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A.D. Bennett</u> (Degree or title) <u>Councilor of Health Dept</u>	23b. ADDRESS <u>Kaytown MO</u>	23c. DATE SIGNED <u>Aug 8/1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-11-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELLIOTT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>
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DATE REC'D BY LOCAL REG <u>8-11-56</u>	REGISTRAR'S SIGNATURE <u>Mildred Brune</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Weesal</u>	ADDRESS <u>Brunswick</u>
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SEP 24 1959

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 *L. W. Meesil*

Licensed Embalmer No. *823*

P. O. Address *Brunswick*

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.