

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9625**

FILED APR 1 - 1957

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5936** Registrar's No. **173**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithton Mo. Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithton	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home		e. STREET ADDRESS (If rural, give location) 13 miles North Rural R. #1	
3. NAME OF DECEASED (Type or Print) a. (First) FLAVY b. (Middle) L. c. (Last) Bodenhamer		4. DATE OF DEATH (Month) (Day) (Year) MARCH 24 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 21-78
9. AGE (In years last birthday) 78	10. MONTHS 8	11. DAYS 3	12. IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Thomasville N. Carolina U.S.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Andrew		13b. MOTHER'S MAIDEN NAME Glendora	
14. NAME OF HUSBAND OR WIFE Onie M Green		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 499-40-4819		17. INFORMANT'S SIGNATURE OR NAME D. Scheel Bodenhamer	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASHO DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 2 hours	
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 3-24 , 1957, to 3-24 , 1957, that I last saw the deceased alive on Never , 19__, and that death occurred at 10:15 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Olvin L. Love MD.		23b. ADDRESS Hedalia Mo.	
23c. DATE SIGNED 3-25-57		24. LOCATION (City, town, or county) (State) Smithton Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Mar. 26-57	
24c. NAME OF CEMETERY OR CREMATORY Smithton		24d. LOCATION (City, town, or county) (State) Smithton Mo	
25. FUNERAL DIRECTOR'S SIGNATURE R. F. Messinger		25. ADDRESS Smithton	
DATE REC'D BY LOCAL REG. 3-26-57		REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

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

Send 2 certified copies

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APR 3 1957

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. _____

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 this body is not embalmed, fact should be so stated above.