

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018982  
STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monroe City</b> <b>0690</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Clark Rest Home</b>		Length of stay in 1b <b>12 Months</b>	d. STREET ADDRESS (If outside, give location) <b>North Main St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Mary Ettie Bodkins</b>			4. DATE OF DEATH <b>May 10, 1958</b>		
First	Middle	Last	Month	Day	Year

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/19/1865</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Seamstress</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Dressmaking</b>	11. BIRTHPLACE (City and state or country) <b>Edina, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>John A Bodkins</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Frances Crim</b>	14. NAME OF HUSBAND OR WIFE <b>Unmarried</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Fred Burns. Monroe City Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic vascular disease, severe</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senile Dementia</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>April 20, 1958</b> , to <b>5/10/58</b> and last saw her alive on <b>April 27, 1958</b> Death occurred at <b>9:00</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Ronald Lanning</b> (Degree or title)	22b. ADDRESS <b>Hannibal, Missouri</b>	22c. DATE SIGNED <b>5/14/58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-13/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Judes Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Monroe City Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Harold V. Garner Monroe City Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-16-58</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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**RECEIVED** MAY 21 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** MAY 21 1958

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 Harold Hansen

Licensed Embalmer No. 3720.....

P. O. Address Monroe City M.....

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.