

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

88-026751
STATE FILE NUMBER
6312

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6312

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Ladue 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If outside, give location) 27 46 Berkshire	

3. NAME OF DECEASED (Type or print) First MIDDLE Last JESSE R BODINE			4. DATE OF DEATH Month Day Year June 20th, 1958		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 15th, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours Min.
----------------	---------------------------	---	-------------------------------------	---------------------------------------	------------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President of the Bodine Foundry	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME UNK Bodine	13b. MOTHER'S MAIDEN NAME Nettie Robbins	14. NAME OF HUSBAND OR WIFE Lucile Bodine
----------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO None	16. SOCIAL SECURITY NO.	17. INFORMANT Address Robert Bodine 4 Deer Creek Woods
--	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Brain Injury</i> <i>Subdural Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Paralytic Illness</i> DUE TO (c) <i>Paralytic Illness</i>		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

PART II. OTHER SIGNIFICANT CONDITIONS CONTINUING TO DEATH OR TO THE TERMINAL ILLNESS CONDITION GIVEN IN PART I (a) <i>suffered when car operated</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	--	---

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter name of injured in PART I or PART II if deceased) <i>fell out of car on highway near</i>	
--	--	--

20c. TIME OF INJURY Hour a.m. p.m. 6 16 58	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) 31 <i>Hwy</i>		20e. CITY, TOWN, OR LOCATION near <i>Columbia Mo.</i>	COUNTY STATE
--	--	--	--	--------------

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>6:05 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) <i>Ron Lupton</i>	22b. ADDRESS 1300 <i>Clay</i>	22c. DATE SIGNED 6/21/1958
--	---	----------------------------------	-------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/21/1958	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
--	------------------------	---	---

24. FUNERAL DIRECTOR C. R. Lupton & Sons 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. JUN 21 '58	26. REGISTRAR'S SIGNATURE <i>Earl Smith MO</i>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 18 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 *Clarence H. Mur*

Licensed Embalmer No. *4011*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.