

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012149
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Nursing Home #1 Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Schuyler
c. CITY OR TOWN Lancaster 0980 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
George H Bodkins
4. DATE OF DEATH Month Day Year
April 19 1959

5. SEX M 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Oct 6, 1882 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 6 Days 13 IF UNDER 24 HRS. Hours 13 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Schuyler Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rube Bodkins 13b. MOTHER'S MAIDEN NAME Esther Jane McClellan 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no 16. SOCIAL SECURITY NO. --- 17. INFORMANT Man Manning Address Elmwood, Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Cardiovascular Collapse Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombotic Occlusion Sudden
DUE TO (c) Arteriosclerotic Heart Disease unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 1956 to April 19, 1959 and last saw him alive on April 19, 1959. Death occurred at 9:45 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George H. Scheurer, D.O. 22b. ADDRESS Kirksville, Mo. 22c. DATE SIGNED 4-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/21/59 23c. NAME OF CEMETERY OR CREMATORY Lancaster I.O.O.F. 23d. LOCATION (City, town, or county) (State) Lancaster, Missouri

24. FUNERAL DIRECTOR ADDRESS Norman's Funeral Home, Lancaster 25. DATE RECD. BY LOCAL REG. 4-21-1959 26. REGISTRAR'S SIGNATURE Noris W. Rathoff

(Licensed Embalmer's Statement on Reverse Side)

All disease in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. GEORGE H. SCHEURER, D.O.

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MEDICAL CERTIFICATION

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

Novan E Foster

Licensed Embalmer No. *4742*

P. O. Address *Fulpsville, Md*

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.

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