

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030441

FILED VS. SEP 12 1960 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4411 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | Length of stay in 1b 4 YEARS | c. CITY OR TOWN KANSAS CITY | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3204 QUINCY DRIVE | | d. STREET ADDRESS (If outside, give location) 3204 QUINCY DRIVE | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|---------------------------|---|--|------------------------------|---|------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND WINFIELD BODIN | | | 4. DATE OF DEATH Month Day Year AUGUST 27 1960 | | | |
| 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 AUG. 22, 1906 | 9. AGE (last birthday) 54 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PURCHASING AGENT | | 10b. KIND OF BUSINESS OR INDUSTRY CRANE PLUMBING CO. | 11. BIRTHPLACE (City and state or country) TOPEKA, KANSAS | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |

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| 13a. FATHER'S NAME WILLIAM T. BODIN | 13b. MOTHER'S MAIDEN NAME RAYE CANTRELL | 14. NAME OF HUSBAND OR WIFE JOYCE S. BODIN |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II | | 16. SOCIAL SECURITY NO. 511-20-1086 |
| 17. INFORMANT MRS. JOYCE S. BODIN | | Address 3204 QUINCY DRIVE KANSAS CITY, MO. |

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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) <i>Bullet wound of head</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>apparently shot himself</i> |
| 20c. TIME OF INJURY Hour Month, Day, Year 8:22:60 | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i> | 20f. CITY, TOWN, OR LOCATION <i>Kansas City</i> | COUNTY <i>Jackson</i> | STATE <i>MO</i> |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE (Degree or title) <i>Dw Newcomer, Dist. Deputy Coroner</i> | 22b. ADDRESS <i>6622 Brookside Dr</i> | 22c. DATE SIGNED <i>8-28-60</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>Aug. 29, 1960</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i> |
| 23d. LOCATION (City, town, or county) <i>LAWRENCE KANSAS</i> | | |

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| 24. FUNERAL DIRECTOR <i>D. W. NEWCOMER'S SONS KANSAS CITY, MO.</i> | 25. DATE RECD. BY LOCAL REG. <i>8-29-60</i> | 26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i> |
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DOCUMENT

BY AFFIDAVIT OF Geo. C. Kealhofer 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis [Signature]

Licensed Embalmer No. 4096

P. O. Address R. C. 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.