

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12381

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fayette Mo</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		OR TOWN <u>0451</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				d. STREET ADDRESS <u>400 N. Mulberry St</u>			
3. NAME OF DECEASED a. (First) <u>Artie</u>		b. (Middle) _____		c. (Last) <u>BODLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 15 1897</u>	
9. AGE (In years last birthday) <u>54</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Benjamin Bodle</u>		13b. MOTHER'S MAIDEN NAME <u>Lola Miles</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Hannon</u> ADDRESS <u>Fayette Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute pulmonary edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic asthma</u>				3 yrs.	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		241 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>June 1948</u> , to <u>April 16, 1951</u> , that I last saw the deceased alive on <u>April 16, 1951</u> and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mr. J. Shaw, M.D.</u> (Degree or title)				23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>April 19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosehill</u>		24d. LOCATION (City, town, or county) (State) <u>Lisbon (Howard Co.) Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-19-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shelo</u>		FUNERAL DIRECTOR'S SIGNATURE <u>481 Dudley-Frimouth</u>		ADDRESS <u>Glasgow Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

151
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RECEIVED 4-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-24-51 _____

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.
Ed. Guemont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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 this body is not embalmed, fact should be so stated above.