

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22317

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3012		Registrar's No. 281			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give townshp) Cape Girardeau		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau 0164					
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 North Park Ave.				d. STREET ADDRESS (If rural, give location) 1432 Themis Street 0					
3. NAME OF DECEASED (Type or Print) FLORA			a. (First)		b. (Middle) BODE		c. (Last)		
4. DATE OF DEATH August 7, 1951		(Month)		(Day)		(Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH September 5, 1882			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 17		IF UNDER 1 YEAR Days 2		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (State or foreign country) Egypt Mills, Missouri 0			
12. CITIZEN OF WHAT COUNTRY? U. S.			13a. FATHER'S NAME J. H. Hanerbrink Sr.		13b. MOTHER'S MAIDEN NAME Theresa David		14. NAME OF HUSBAND OR WIFE H. F. Bode		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Cottle Cape Gir., Mo.			ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis lower extremities. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (Coronary artery disease, adenocarcinoma stomach) Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7/11, 1957, to 8/7, 1957, that I last saw the deceased alive on 8/6, 1957, and that death occurred at 11:30 AM, from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. H. Kern, MD				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 8/8/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri			
DATE REC'D BY LOCAL REG. 8-8-51		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home		ADDRESS Cape Gir., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0164
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RECEIVED

AUG 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.

Student Embalmer No.

Student
Student Embalmer

Signed *William Lee Towne*

Licensed Embalmer No. *4418*

P. O. Address *Cape Girardeau*

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.