

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 813

1. PLACE OF DEATH a. COUNTY Greene b. CITY Springfield c. LENGTH OF STAY 8 yrs. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Greene c. CITY Springfield d. STREET ADDRESS 615 North Main Avenue

3. NAME OF DECEASED a. (First) ROBERT b. (Middle) B. c. (Last) BODINE 4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH Aug. 25, 1890 9. AGE 61

10a. USUAL OCCUPATION Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Agriculture 11. BIRTHPLACE Bonnie, Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Steve Bodine 13b. MOTHER'S MAIDEN NAME Melissa Bryant 14. NAME OF HUSBAND OR WIFE Celia Ann Bodine (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertie Dudley 2506 N. Grant

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Hemorrhage ANTECEDENT CAUSES Old cerebral hemorrhage of several yrs. ago II. OTHER SIGNIFICANT CONDITIONS Local chills paralyzed no central nervous system

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 331X 20. AUTOPSY? YES NO X

21a. ACCIDENT SUICIDE HOMICIDE No 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1951, to 9-21-1951, that I last saw the deceased alive on 9-1-1951, and that death occurred at 5:00a. m., from the causes and on the date stated above.

23a. SIGNATURE Garrett 23b. ADDRESS Springfield, Missouri 23c. DATE SIGNED 9/24/1951

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 9/24/1951 24c. NAME OF CEMETERY OR CREMATORY Freewill Cemetery 24d. LOCATION Niangua, Missouri

DATE REC'D BY LOCAL REG. 9-27-51 REGISTRAR'S SIGNATURE M.D. Ayre-Goodwin Fun'l Service, Spgfld, Mo 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0396

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
Student Embalmer

Signed
Licensed Embalmer No. 4562

P. O. Address Springfield

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.