

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12810

State File No.

1652

FILED APR 26 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>	
c. LENGTH OF STAY (In this place) <u>58 Years</u>		d. STREET ADDRESS (If rural, give location) <u>3525 Central</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp. K.C.Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Gilmore</u> c. (Last) <u>Bodine</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 20, 1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Marshall Gilmore</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Walton M. Bodine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walton M. Bodine</u>	ADDRESS <u>3525 Central</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Metastatic Carcinoma neck + mediastinum</u>		<u>1950</u>
	ANTECEDENT CAUSES Morbid conditions, if any; giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma left breast</u>		<u>1941</u>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Jan 1941</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma (adenoma) left breast + lymph nodes</u>	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20. ACCIDENT OR HOMICIDE? <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Princeton, Mo. 47152</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from January 11, 1952 to Apr 11, 1952, that I last saw the deceased alive on April 10, 1952 and that death occurred at Princeton, Mo from the causes and on the date stated above.

23a. SIGNATURE <u>Lyle G. White M.D.</u>	(Degree or title)	23b. ADDRESS <u>1515 Princeton City, Mo 47152</u>	23c. DATE SIGNED <u>4/11/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>4-11-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Echternacht</u>	FUNERAL HOME <u>1318 QUINDARO BLVD.</u>
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(Licensed Embalmer's Statement on Reverse Side)

KANSAS CITY 2, KANSAS

WRITE PLAINLY—USE NON-FADING BLACK INK—MAKE A PERMANENT RECORD

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: *Harold B. Balthasar*

Licensed Embalmer No. 3035

P. O. Address 1318 Quindaro

Kansas City, 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.

As signed on 11/11/1911