

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1545

BIRTH NO.		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 5600		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Johnson 0510				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Simpson		c. LENGTH OF STAY (in the place) 72 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Simpson 0510			
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 2 Warrensburg /				d. STREET ADDRESS (If rural, give location) RFD # 2 Warrensburg 0			
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Cecil c. (Last) Bodkin			4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1955				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 21, 1880	
				9. AGE (In years last birthday) 74		10. F UNDER 1 YEAR 11. F UNDER 10 YRS. Month Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock		11. BIRTHPLACE (City and State or Foreign Country) Tipton, Indiana /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ephraim Bodkin			13b. MOTHER'S MAIDEN NAME Angeline Melson		14. NAME OF HUSBAND OR WIFE Georgia Mae Bodkin		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F. C. Bodkin, RFD #2, Warrensburg		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					16 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Generalized Atherosclerosis					10 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 Jan		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Oct. 8, 1942, to 1-13, 1955, that I last saw the deceased alive on 1-13-55, 18-22, and that death occurred at 6:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Warrensburg, Mo.		23c. DATE SIGNED 1-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/15/1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
DATE REC'D BY LOCAL REG. Jan. 14, 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips, Warrensburg, Mo.			

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

RECEIVED  
JAN 17 1955  
JOHNSON COUNTY HEALTH DEPT.

**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

*John P. Rodgers*

Licensed Embalmer No. 4963

P. O. Address Warrensburg, 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.