

No. 300
10-48

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27033

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5778a Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Elizabeth</u>		c. CITY OR TOWN <u>St. Elizabeth</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>06603</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Jim Henry Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u> b. (Middle) <u>J.</u> c. (Last) <u>Bode</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 28, 1897</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus driver</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Elizabeth, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Ben. J. Bode</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Wulff</u>	14. NAME OF HUSBAND OR WIFE <u>Ledwina Bode</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ledwina Bax Bode</u> ADDRESS <u>St. Elizabeth 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis Coronary</u>		
	DUE TO (c) <u>Arterio-sclerosis - 4201</u>		
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 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) _____	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 Dec, 1954, to July, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 2:00 PM from the causes and on the date stated above.

22a. SIGNATURE <u>M. E. Humphrey, D.D.</u> (Degree or title)	23b. ADDRESS <u>Jacumbia, Mo 7-31-55</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence</u>
24d. LOCATION (City, town, or county) (State) <u>St. Elizabeth Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Aug 1, 1955</u>	REGISTRAR'S SIGNATURE <u>John B. Schriener</u> 194-2	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Homes Inc Iberia, Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
S. REG'D
SOCIETY
DEPART

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.....
Signature of Student Embalmer

Signed *Emell C. Craig*.....

Licensed Embalmer No. *1470*.....

P. O. Address *Cracker*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.