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FILED MAR 21 1956

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10089**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5913 Registrar's No. 33

1. PLACE OF DEATH  
a. COUNTY Perry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Perry

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN Rural Bois-Brule Twp.

c. LENGTH OF STAY (In this place)  
10 yr.

c. CITY OR TOWN

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

e. STREET ADDRESS (If rural, give location)  
Rural Bois-Brule Twp. 0790

3. NAME OF DECEASED  
a. (First) Louise b. (Middle) \_\_\_\_\_ c. (Last) Bodenschatz

4. DATE OF DEATH (Month) (Day) (Year)  
Feb. 27, 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH Sept. 20, 1878

9. AGE (In years last birthday) 77

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Frohna, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Schmidt

13b. MOTHER'S MAIDEN NAME Wilhelmina Noeser

14. NAME OF HUSBAND OR WIFE Henry Bodenschatz, Dec'd

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 Mrs. Walter Haertling Perryville, Mo. ADDRESS Rt. 3

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic Heart Disease 2mo.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Cerebral arteriosclerosis 2yr.  
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  
4200

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1956, to 2-27, 1956 that I last saw the deceased alive on 2-6, 1956 and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Fairchild, M.D.

23b. ADDRESS Perryville, Mo.

23c. DATE SIGNED 2-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 1, 1956

24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

24d. LOCATION (City, town, or county) (State) Uniontown, Missouri

DATE REC'D BY LOCAL REG. 3-1-56

REGISTRAR'S SIGNATURE Joe J. Zellner

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

50

**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... *W. Wallace Young* .....

Licensed Embalmer No. *443*

P. O. Address *Perryman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E  
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.