FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23576
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 759

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Joseph — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Methodist Hospital — Length of stay in 1b: 10das

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Nodaway
c. CITY OR TOWN: Skidmore — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 0740 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John — Middle: — Last: Bodle

4. DATE OF DEATH: Month 7 Day 7 Year 1957

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept 24 1889
9. AGE (In years last birthday): 67 — 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): Filling Station operator
10b. KIND OF BUSINESS OR INDUSTRY: Oil & gas Station
11. BIRTHPLACE (City and state or country): Maitland, Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm. D Bodle
14. MOTHER'S MAIDEN NAME: Cordelia Skidmore
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.: unknown
17. INFORMANT — Address: Mrs Leta J Bodle, Skidmore, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Extensive anterior myocardial infarction — days
DUE TO (c): Arteriosclerotic heart disease with coronary thrombosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Previous myocardial infarction. 4200
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from July 3, to July 7, 1957 and last saw her alive on July 7, 1957
Death occurred at 4:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Caryl A. Potter, Jr. M.D.
22b. ADDRESS: Physicians & Surgeons Bldg. St. Joseph, Mo.
22c. DATE SIGNED: 7/10/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/9/1957
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State): Skidmore, Mo.

24. FUNERAL DIRECTOR — ADDRESS: G M Atchison Maryville Mo
25. DATE RECD. BY LOCAL REG.: July 18, 1957
26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS OCT 26 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G M Atkins

Licensed Embalmer No. 22

P. O. Address Monroe

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