

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022877
STATE FILE NUMBER

FILED JUL 10 1958 Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before permission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cullen Twp		c. CITY OR TOWN Waynesville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way, Mo Rt. # 1.		d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.	
3. NAME OF DECEASED (Type or print) First Anna. Middle Marie Last Bodo.		4. DATE OF DEATH Month July Day 4, Year 1958	
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1909
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.	11. BIRTHPLACE (City and state or country) Dayton, Ohio.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY -----	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Patko.		13b. MOTHER'S MAIDEN NAME Karoline Mihaly.	14. NAME OF HUSBAND OR WIFE Lewis M. Bodo.
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. 298-05-8845	
17. INFORMANT Lewis M. Bodo.		Address Waynesville, Mo Rt. 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardio vascular disease			3 mos.
DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 April, 1958 to July, 1958 and last saw her alive on July, 4, 1958 Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. E. Nicholls</i> (Degree or title) D.O. 2		22b. ADDRESS Waynesville, Missouri	
22c. DATE SIGNED 7-5-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/7/58	
23c. NAME OF CEMETERY OR CREMATORY Waynesville Memorial Cemetery		23d. LOCATION (City, town, or county) (State) Waynesville, Mo.	
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Way, Mo.		25. DATE RECD. BY LOCAL REG. 7-5-58	
26. REGISTRAR'S SIGNATURE <i>Eula Mae Anderson</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8981 7 1958

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 *Clarence Mose*

Licensed Embalmer No. *4896*

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