

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004422

AMENDED

REGISTRATION DISTRICT NO. 366

Primary Registration District No. 4589

Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)																			
a. COUNTY <i>Washington</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Irondale</i>		Length of stay in 1b <i>3yrs.</i>		c. CITY OR TOWN <i>Irondale</i>																	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
3. NAME OF DECEASED (Type or print)			First <i>Hobart</i>			Middle <i>J.</i>			Last <i>Bodenhamer</i>			4. DATE OF DEATH			Month <i>Jan.</i>			Day <i>16,</i>			Year <i>1961</i>		
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>9-27-1896</i>		9. AGE (last birthday) <i>64</i>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>				11. BIRTHPLACE (City and state or country) <i>Springfield, Mo.</i>				12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>											
13a. FATHER'S NAME <i>John Bodenhamer</i>				13b. MOTHER'S MAIDEN NAME <i>Laura Bell Tracy</i>				14. NAME OF HUSBAND OR WIFE <i>Edna Bodenhamer</i>															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WWT</i>				16. SOCIAL SECURITY NO.				17. INFORMANT <i>Edna Bodenhamer, Irondale, Mo.</i>				Address											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>													
IMMEDIATE CAUSE (a) <i>Pneumonia</i>										DUE TO (b) <i>arteriosclerotic cardiovascular renal disease</i>				DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Crush of liver</i>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
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.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 <i>Jan 15 1961</i> to <i>Jan 16 1961</i> and last saw him alive on <i>Jan 15 1961</i> Death occurred at <i>3:30 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE <i>John W Hunter MD</i>						22b. ADDRESS <i>Leadwood Mo</i>						22c. DATE SIGNED <i>1/16/61</i>											
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE <i>Jan. 19, 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Caledonia (Methodist Side) Caledonia, Missouri</i>				23d. LOCATION (City, town, or county) (State)															
24. FUNERAL DIRECTOR <i>Bert L. Boyer, Leadwood, Mo.</i>				ADDRESS		25. DATE RECD. BY LOCAL REG. <i>1/17/61</i>		26. REGISTRAR'S SIGNATURE <i>Robert Sunda</i>															

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 25 1961

JAN 31 1961

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 Bert L. Boyer

Licensed Embalmer No. 3745

P. O. Address Leadwood 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.