

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050624
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 362 Primary Registration District No. 6236 Registrar's No. 11

FILED DEC 30 1963

VS 300
Rev. 4/59

1/090
2/019
3
4 1
5 2
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7 0
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9/4222
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12 90-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charrette Twp.		Length of stay in 1b 1 year	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles E. Marthasville, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4085 Haven
3. NAME OF DECEASED (Type or print) Emilia L. Bode			4. DATE OF DEATH Month Day Year December 24, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/30/1876
9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Emma, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Henry Hoefler		13b. MOTHER'S MAIDEN NAME Whilimina Schneider	14. NAME OF HUSBAND OR WIFE J. Gottfried Bode
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT Address Mrs. John Ruhl, Marthasville, Mo.
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paralytic Stroke Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr myocarditis DUE TO (c) Edge feeble for			INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yr 4 1/2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 Jan 19, 1963 to Dec 24/63 and last saw her alive on Dec 23/63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Marthasville Mo	22c. DATE SIGNED 12/24/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/28, 1963	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) Plymouth, Nebraska
24. FUNERAL DIRECTOR D. F. Lichtenberg ADDRESS Marthasville, Mo.		25. DATE RECD. BY LOCAL REG. 12/23/63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Almond H. Hestenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville 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.