

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5252**

S. No. 300
Ev. 10.48

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Cooner Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker	
c. LENGTH OF STAY (In this place) 8 months		d. STREET ADDRESS (If rural, give location) Gen Del, California, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hass Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Hodler			4. DATE OF DEATH (Month) (Day) (Year) Feb 9 53		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan 22 1876		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Days 01 Hours 28 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Antone Bruto		13b. MOTHER'S MAIDEN NAME Mary Loue Imberri		14. NAME OF HUSBAND OR WIFE Deceased	
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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 Leonard Centetour mo ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. *† means of disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ATHEROSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 1 month	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) prostatic obstruction			
		DUE TO (c) FOLLOWED BY A SUDDEN OCCLUSION DURING HER SLEEP			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		parotitis (L.)			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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I hereby certify that I attended the deceased from **1.11, 1953** to **2.9, 1953**, that I last saw the deceased on **2.9, 1953**, and that death occurred at **11.15 pm.**, from the causes and on the date stated above.

22. SIGNATURE (Degree or title) Howard Ramsey MD		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 2.10.53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/11/53		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemt	
				24d. LOCATION (City, town, or county) (State) California, Mo	

DATE REC'D BY LOCAL REG. 2/10/53		REGISTRAR'S SIGNATURE Hooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS East Boulin, California	
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(Licensed Embalmer's Statement on Reverse Side)

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

0277

Jno

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
Student Embalmer

Signed Earl Bomber

Licensed Embalmer No. 2176

P. O. Address California

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 this body is not embalmed, fact should be so stated above.

State of

Missouri
Cooper

ss.

County of

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No.

5252-53

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this _____ day of _____, 195____, before me appears _____

for Miss May Ann Hodler, who, upon Feb 9 oath, states that the original record of ^{birth} ~~death~~ died ~~born~~ 1953 in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 1 should read arteriosclerotic heart disease
Instead of _____

Item No. _____ should read during her sleep
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Henry Raymond Mc
Bonnell Mc
Present Address.

Relationship.

Mom

Subscribed and sworn to before me this 29 day of March, 1954

My Commission expires

Sept 27, 1954

Agnes Hain
Notary Public.

Notary Public.

Sup-5252