

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 15 1951  
BIRTH NO. 21713-50 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Chillicothe Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>JAMES</u> c. (Last) <u>BOHNENKAMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Dec. 26, 1950</u>		9. AGE (In years last birthday) <u>0</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u>	
11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>			
13a. FATHER'S NAME <u>Robert M. Bohnenkamp</u>			13b. MOTHER'S MAIDEN NAME <u>Peggy Jean Murphy</u>		
14. NAME OF HUSBAND OR WIFE <u>XXX</u>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gerald Murphy, Chillicothe, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia lobar, bilateral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cygloni Perosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>  <u>5 days</u>	

19a. DATE OF OPERATION <u>29 Dec. 50</u>		19b. MAJOR FINDINGS OF OPERATION <u>a hard stenotic pyloric ring</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>76 30</u>	
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?	

22. I hereby certify that I attended the deceased from 26 Dec., 1950, to 31 Dec., 1950, that I last saw the deceased alive on 31 Dec., 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles N. Grace, M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>17 Jan. 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	
24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Jan-1-51</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald F. Gordon - Chillicothe, Mo.</u>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

1597



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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Billy Jack Skinner*

Licensed Embalmer No. *4784*

P. O. Address *Chillicothe, 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 this body is not embalmed, fact should be so stated above.