

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Trenton</u> c. LENGTH OF STAY (in this place) <u>8 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1536 Cedar (family home)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> d. STREET ADDRESS (If rural, give location) <u>1536 Cedar</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maudie</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Bohree</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1952</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug 21 1898</u>		9. AGE (In years) (last birthday) <u>53</u> IF UNDER 1 YEAR: (Month) (Day) (Year) <u>5 29</u> IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Harrison County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES W. NORTON</u>			13b. MOTHER'S MAIDEN NAME <u>MARY L. SHAW</u>			14. NAME OF HUSBAND OR WIFE <u>Chas. Bohree</u>			
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Bohree</u>			ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) 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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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>Trenton Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4-2-01</u>					
22. I hereby certify that I attended the deceased from <u>Feb 20, 1952</u> , to <u>as coroner</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD (Coroner)</u>				23b. ADDRESS <u>Trenton Mo.</u>		23c. DATE SIGNED <u>2-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 23 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K.P. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 23, 1952</u>		REGISTRAR'S SIGNATURE <u>Irene Jari</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmar</u>		ADDRESS <u>Trenton, Mo.</u>			

D. W. FUSON

(Licensed Embalmer's Statement on Reverse Side)

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

Jordan Blackmer

Licensed Embalmer No. *4602*

P. O. Address *Trenton, 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.