

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18533**

No. 300  
10-48

DEATH NO. <b>25 1953</b>		REG. DIST. NO. <b>169</b>	PRIMARY REG. DIST. NO. <b>5618</b>	Registrar's No. <b>19</b>
1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>		
b. CITY OR TOWN <b>Rural Greensburg</b>		c. CITY OR TOWN <b>Rural Greensburg</b>		
c. LENGTH OF STAY (in this place) <b>18 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0520</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) <b>IRA</b>		b. (Middle) <b>V</b>		c. (Last) <b>BOHON</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>May 8 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 14 1888</b>	9. AGE (In years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marion Co MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Joseph Bohon</b>		13b. MOTHER'S MAIDEN NAME <b>-</b>	14. NAME OF HUSBAND OR WIFE <b>Andra Bohon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>0</b>		16. SOCIAL SECURITY NO. <b>0</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Pierce Greensburg Mo</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>High Blood Pressure</b> DUE TO (c) <b>Nephritis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
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)		
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 <b>May 5, 1953</b> , to <b>May 8, 1953</b> , that I last saw the deceased alive on <b>May 8, 1953</b> , and that death occurred at <b>12:00</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>E. E. Symmonds D.O.</b> (Degree or title)		23b. ADDRESS <b>Memphis Mo</b>		23c. DATE SIGNED <b>May 16-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>May 10 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Providence Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marion Co Mo</b>	
DATE REC'D BY LOCAL REG. <b>May 19 53</b>	REGISTRAR'S SIGNATURE <b>Helle S. Hunolt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kerth Baskett</b> ADDRESS <b>Memphis Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Albert C Gertth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.