

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32780

State File No.

FILED OCT 5 - 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 331

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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Farmington</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>334 West Third</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | b. (Middle) <u>J</u> | c. (Last) <u>Bohs</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 26, 1953</u> |
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|--------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 21, 1893</u> | 9. AGE (In years last birthday) <u>60</u> | if UNDER 1 YEAR Months <u>7</u> Days <u>3</u> | if UNDER 24 HRS. Hours <u>5</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Knob Lick, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> |
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| 13a. FATHER'S NAME <u>Fred Bohs</u> | 13b. MOTHER'S MAIDEN NAME <u>Teresa Zimmer</u> | 14. NAME OF HUSBAND OR WIFE <u>Elise Bohs</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>World War I</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elise Bohs</u> | ADDRESS <u>Farmington, Missouri</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 minutes</u> <u>34 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Disease</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>1</u> | 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) <u>4201</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Feb - 1949, to Sept. 26, 1953, that I last saw the deceased alive on Sept. 24, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. Geo. L. Watkins, M.D.</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Farmington, Mo.</u> | 23c. DATE SIGNED <u>Sept. 29, 1953</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept. 28, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Farmington Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Sept. 29, 1953</u> | REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u> | ADDRESS <u>Farmington, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

941

MAY 21 1954

OCT 22 1953

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmingdale

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.