

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN WEST PLAINS	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 DAYS		e. STREET ADDRESS (If rural, give location) 1135 W. BROADWAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) ELDON	b. (Middle) CLAUDE	c. (Last) BOHREK	4. DATE OF DEATH (Month) (Day) (Year) JAN. 20 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 17	9. AGE (In years last birthday) 60	10 UNDER 1 YEAR Months	10 UNDER 24 HRS. Days	10 UNDER 1 HR. Hours	10 UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN	10b. KIND OF BUSINESS OR INDUSTRY M.D.	11. BIRTHPLACE (City and State or Foreign Country) OLDEN, HOWELL CO. MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME EDWARD BOHREK	13b. MOTHER'S MAIDEN NAME JENNIE ROYSE	14. NAME OF HUSBAND OR WIFE THELMA BOHREK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W.W. # I	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. THELMA BOHREK WEST PLAINS, MO
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1 MYOCARDIAL INFARCTIONS, MULTIPLE (RECENT AND OLD)		DUE TO (b) 2 CONGESTIVE HEART FAILURE		10-12 yrs.
DUE TO (c) ARTEROSCLEROTIC HEART DISEASE		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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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22. I hereby certify that I attended the deceased from 6/3/43, 1943, to 1/20/54, 1954, that I last saw the deceased alive on 1/20/54, 1954, and that death occurred at 4:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Blenn O. Turner M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 1/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/24/54	24c. NAME OF CEMETERY OR CREMATORY OAKLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) WEST PLAINS, MISSOURI
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DATE REC'D BY LOCAL REG. 1-22-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1958

MAR 17 1958

APR 26 1958

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 *Walter E. Hamill*

Licensed Embalmer No... 3808

P. O. Address... SPRINGFIELD

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.