

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7482**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dept</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RR #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>			

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Charles William Bockhorst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 25-1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wht</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 29-1890</u>		9. AGE (In years last birthday) Months Days <u>64 10 26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cas. Salesman</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mutual Benefit</u>	

13a. FATHER'S NAME <u>J. H. Bockhorst</u>		13b. MOTHER'S MAIDEN NAME <u>Barbra Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Hubbs</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year for dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>497-20-1831</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Bockhorst as above</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Choke</u>		19. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	

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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410X</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)	
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?	

22. I hereby certify that I attended the deceased from 77th St, 1924 to Mar 25, 1955 that I last saw the dec'd alive on 3-27, 1955 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. P. Charbonnet M.D.</u>		23b. ADDRESS <u>Camdenton MO</u>		23c. DATE SIGNED <u>3-26-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		24e. LOCATION (City, town, or county) (State) <u>Camdenton MO</u>		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>Mar 26-1955</u>		REGISTRAR'S SIGNATURE <u>Zilpha J. Drow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>42 - 00 Bankson - Woolery</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	

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

APR 11 1955

JUN 20 1955

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 Brett Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.