

12930

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</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 <u>413 No Ault</u>		STREET ADDRESS (If rural, give location) <u>413 No Ault</u> <u>0883</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Guy</u> c. (Last) <u>Bohannon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 15 1955</u>		
5. SEX <u>♂</u>	6. COLOR OR RACE <u>Mole White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mch 25th 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Judge</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of Moberly</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>					

13a. FATHER'S NAME <u>John Bohannon</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Callie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-36-6318</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. G. Bohannon, Moberly, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Myocarditis</u>			minutes <u>year</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stroke year ago</u>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input 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)	
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 April 2, 1955, to April 5, 1955, that I last saw the deceased alive on April 15, 1955, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. McCormick D.O.</u>		23b. ADDRESS <u>300 1/2 Reed St. Moberly Mo</u>		23c. DATE SIGNED <u>4-18-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Mem. Gardens</u>	
				24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>	

DATE REC'D BY LOCAL REG. <u>4-18-55</u>		REGISTRAR'S SIGNATURE <u>Charles Lowe</u> <u>269</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son, Moberly, Mo</u>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

883

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 *Frank J. DeWitt*

Licensed Embalmer No. *302*

P. O. Address *Prohaly*

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.