

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5320**

FILED MAR 1 1957

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE Missouri b. COUNTY Johnson

b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Holden c. LENGTH OF STAY (in this place) 23 yr.
c. CITY OR TOWN Holden d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Holden Hospital
e. STREET ADDRESS (if rural, give location) Holden, Missouri.

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Franklin R c. (Last) Bohannon
4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1957

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH June 22, 1877 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 8 DAY 0 IF UNDER 24 HRS. Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY own farm 11. BIRTHPLACE (City and State or Foreign Country) Wright County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marion Bohannon 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Ruby Caldwell Bohannon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) XXX 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Owen Bohannon, Holden, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure
ANTECEDENT CAUSES Renal failure and uremia
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic prostatitis and prostate hypertrophy
DUE TO (c) 610X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2-3 months
3 days
months

19a. DATE OF OPERATION 2/19/57 19b. MAJOR FINDINGS OF OPERATION Pronounced fibrotic hypertrophy of prostate gland. 20. AUTOPSY? YES NO

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) Holden, Missouri, MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb. 6, 1957, to Feb. 22, 1957, that I last saw the deceased alive on Feb. 22, 1957, and that death occurred at 12:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas P. Weescock D.O., 2 23b. ADDRESS Holden, Missouri 23c. DATE SIGNED 2/22/57

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 2/24/57 24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery 24d. LOCATION (City, town, or county) (State) Holden, Missouri.

DATE REC'D BY LOCAL REG. 2-25-57 REGISTRAR'S SIGNATURE Mrs. L. D. Redford 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri.

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

150

MAR 7 1957

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 *Samuel B. T. Ropp*.....

Licensed Embalmer No. *404*.....

P. O. Address *Holden*.....

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.