

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025141

STATE FILE NUMBER

FILED JUL 28 1958

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

722 G

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Springfield		c. CITY OR TOWN Springfield, 0396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 635 E. Elm		d. STREET ADDRESS (If outside, give location) 635 E. Elm	
3. NAME OF DECEASED (Type or print) FREDRICK HEINRICH BOHNHOFF		4. DATE OF DEATH July 17, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Technician		11. BIRTHPLACE (City and state or country) Thompson, Ill	
13a. FATHER'S NAME Johann Bohnhoff		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT William A. Horn Address Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion, acute arteriosclerosis, general. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH Instant
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1957 to July 17, 58 and last saw him alive on June 4, 1958 Death occurred at Approx. 6:30a on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ron J. Silsby MD (Degree or title)		22b. ADDRESS Springfield Mo	
22c. DATE SIGNED 7-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial July 21, 1958		23b. NAME OF CEMETERY OR CREMATORY Eastlawn	
23c. LOCATION (City, town, or county) (State) Springfield, Mo.			
24. FUNERAL DIRECTOR Ralph Thiems ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-25-58	
26. REGISTRAR'S SIGNATURE Effie G. Melton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

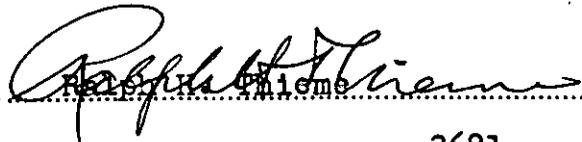
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No.

3681
P. O. Address Springfield, Mo

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.