

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010534

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 397

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) OR TOWN SPRINGFIELD		Length of stay in 1b	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 1/2 E. WALNUT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 315 1/2 E. WALNUT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EMMETT Middle WILLIAM Last BOHMSACH			4. DATE OF DEATH Month APRIL Day 6 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/23/87	9. AGE (last birthday) 72	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY JANITOR		11. BIRTHPLACE (City and state or country) SENECA, WOOD CO. WIS.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME PETER BOHMSACH		13b. MOTHER'S MAIDEN NAME KATHERINE DRESSEN		14. NAME OF HUSBAND OR WIFE X		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or (unknown)) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-16-8825		17. INFORMANT Address Eva Bohmsach, Milwaukee, Wis.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Likely Myocardial insufficiency		INTERVAL BETWEEN ONSET AND DEATH unknown
DUE TO (b) Likely Coronary sclerosis		
DUE TO (c) UNATTENDED BY A PHYSICIAN		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 XXXXXXXXXXXXXXXXXXXX to XXXXXXXXXXXXXXXXXXXX and last saw her/him alive on XXXXXXXXXXXXXXXXXXXX.
Death occurred at Sometime April 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James P. Amos, M.D. (Degree or title)		22b. ADDRESS Greene County Health Officer, Springfield, Missouri		22c. DATE SIGNED 4-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/9/60	23c. NAME OF CEMETERY OR CREMATORIES Wisconsin Rapids, Wis. (State)		
24. FUNERAL DIRECTOR H.H. Lohmeyer	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 4-8-60	26. REGISTRAR'S SIGNATURE Effie E. Melton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed W L Mc Cormac

Licensed Embalmer No. 272

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.