No. 300
10-48

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12207

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: HOWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEST PLAIN
c. LENGTH OF STAY (In this place): 52 yrs
d. FULL NAME OF ~~HOSPITAL~~ OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): BOHRER DRUG STORE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEST PLAINS
d. STREET ADDRESS (If rural, give location): 617 WEST MAIN

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): RICHARD
c. (Last): BOHRER

4. DATE OF DEATH (Month) APR (Day) 17 (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: SEPT 12, 1895
9. AGE (In years last birthday): 53 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY: Own Drug Store
11. BIRTHPLACE (State or foreign country): OLDEN, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Collin Bohrer
13b. MOTHER'S MAIDEN NAME: Jennie Leona Royse
14. NAME OF HUSBAND OR WIFE: Linnie Arnold Bohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W. W. I.
16. SOCIAL SECURITY NO.: 579-28-0663
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Linnie A. Bohrer — **ADDRESS**: W. Plains, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2-5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 1½ years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. H20

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* _____, 1923, *to* 4-11, 1949, *that I last saw the deceased alive on* 4-9, 1949, *and that death occurred at* 4 00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. Claude Bohrer (Degree or title): M.D.
23b. ADDRESS: West Plains, Mo
23c. DATE SIGNED: 4-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: APR. 13, 1949
24c. NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM.
24d. LOCATION (City, town, or county) (State): WEST PLAINS, Mo.

DATE REC'D BY LOCAL REG.: April 22-49
REGISTRAR'S SIGNATURE: Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE: Hal Thornburgh — **ADDRESS**: W. PLAINS, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1949

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 me~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Signed Hal Thornburgh

Signed .....
Student Embalmer

Licensed Embalmer No. 3408

P. O. Address West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.