

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1949

State File No. _____

No. 300
10-48

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 208

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 201 Buckley	

3. NAME OF DECEASED (Type or Print)	a. (First) Bessie	b. (Middle) M.	c. (Last) Bohannon	4. DATE OF DEATH (Month) (Day) (Year) June 11, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April-28-1893	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 1 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iron County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James W. Harris	13b. MOTHER'S MAIDEN NAME Jame Sylvia	14. NAME OF HUSBAND OR WIFE Henry Bohannon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Henry Bohannon ADDRESS Flat River, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks 1968
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) severe dental caries pyorrhea abs. & trench mouth DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma - involving fundus & neck	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from May 2, 1949 to June 11, 1949, that I last saw the deceased alive on 6-10, 1949 and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold O. Gaebe M.D.	23b. ADDRESS Desloge, Missouri	23c. DATE SIGNED 6-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June-14-1949	24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois Co, Mo
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DATE REC'D BY LOCAL REG. June 14, 1949	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE o Sparks ADDRESS Flat River, Mo
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RECEIVED

District Health Officer No. 4

Direct File Number 649-8

Date Filed ^{recd} 6-20-49

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.

Signed J. Murphy

Signed _____
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address Hastings, 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 this body is not embalmed, fact should be so stated above.