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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40165

State File No. \_\_\_\_\_

FILED DEC 21 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>29</u> years		d. STREET ADDRESS (If rural, give location) <u>1715 Anthony St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1715 Anthony St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>BOHANNON</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 1, 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Spanish Professor</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Burcan County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Amos Bohannon</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Springer</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvan Bohannon, Belleville, Illinois</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency 6 mo</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Degenerativity</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Dec 10, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Palmer M.D.</u>	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>12-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilgrims Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hope, Kansas.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 13 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parson Funeral Service Columbia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

STANDARD CERTIFICATE OF DEATH  
STATE OF MISSOURI

FEB 27 1950

RECEIVED  
DEC 20 1949

District Health Officer No. 9,

District File Number

NAME OF DECEASED	DATE OF DEATH	PLACE OF DEATH
RESIDENCE	AGE	SEX
CAUSE OF DEATH	DIAGNOSIS	EDUCATION
ADDRESS	DATE OF BIRTH	RELIGION
DATE OF DEATH	PLACE OF BIRTH	DATE OF DEPARTURE
DATE OF DEPARTURE	PLACE OF DEPARTURE	DATE OF RETURN
DATE OF RETURN	PLACE OF RETURN	DATE OF DEATH

JAN 17 1950

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: *Charles L. Young*

Licensed Embalmer No. *4132*

P. O. Address: *Columbia*

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

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

22388A