

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29678

State File No.

DECEASED 11 1951

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>332</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In place) <u>79th</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		OR TOWN <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>123 So Ellis</u>				d. STREET ADDRESS (If rural, give location) <u>123 So Ellis</u>			
3. NAME OF DECEASED (Type or Print) <u>SOPHIA</u>		a. (First)		b. (Middle) <u>E</u>		c. (Last) <u>BOHLE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 30 1875</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 48 HRS. Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Theophilus Deuel</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Bohle</u>			
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>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. Bohle</u> ADDRESS <u>Cape Gir. Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease 15 yrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (Min.)		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 <u>May 17</u> , 19 <u>51</u> , to <u>Oct 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 5</u> , 19 <u>51</u> , and that death occurred at <u>7:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John Crow</u>				23b. ADDRESS <u>Cap Girardeau, Mo</u>		23c. DATE SIGNED <u>Oct 9, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-6-1951</u>		REGISTRAR'S SIGNATURE <u>Chas. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Brown</u> ADDRESS <u>Cape Gir. Mo</u>			

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

RECEIVED

OCT - 3 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

OCT 2 1951

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
Student Embalmer

Signed *W. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Opp Hill 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.