

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35025

FILED NOV 13 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5122 Registrar's No. 293

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 OR TOWN <u>Rural Rocky Fork</u>		c. CITY OR TOWN <u>Rural Rocky Fork</u>	
c. LENGTH OF STAY (In this place) <u>March 1952</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 1 Centralia, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 1 Centralia, Mo.</u>			

3. NAME OF DECEASED (Type or Print) ANTON BOHAC

4. DATE OF DEATH (Month) (Day) (Year) November 11, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 10, 1894 9. AGE (In years last birthday) 59 10. UNDER 1 YEAR 1 11. UNDER 1 HR. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Walker, Iowa 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Frank Bohac 13b. MOTHER'S MAIDEN NAME Louise Drapela 14. NAME OF HUSBAND OR WIFE L. Gladys Fitzsimmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Mrs Gladys Bohac ADDRESS Centralia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the lung</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary metastasizing</u> 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 1999 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) (Minute) 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 9/7, 1952, to 11/11, 1953, that I last saw the deceased alive on 11/10, 1953, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. Kellenbach (Degree or title) 23b. ADDRESS Mexico Mo 23c. DATE SIGNED Nov 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Nov. 13, 1953 24c. NAME OF CEMETERY OR CREMATORY West Liberty 24d. LOCATION (City, town, or county) (State) West Liberty, Iowa

DATE REC'D BY LOCAL REG. Nov 12 1953 REGISTRAR'S SIGNATURE Mrs R E Palmer 31-0 25. FUNERAL DIRECTOR'S SIGNATURE Will E. ... Centralia, Missouri ADDRESS

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed *Bill O. Meador*

Licensed Embalmer No. *4876*

P. O. Address *Centuria, Md*

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.