

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2044**

BIRTH NO. **FILED FEB 5 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. LENGTH OF STAY (in this place) 11/27/54		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		e. STREET ADDRESS (If rural, give location) 1522 Vermont 0648	

3. NAME OF DECEASED (Type or Print) a. (First) James D. b. (Middle) Bohon c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) January 25, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 18, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 7 Hours 7 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Nickerson Kansas	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Sam K. Bohon	13b. MOTHER'S MAIDEN NAME Lydia Emler	14. NAME OF HUSBAND OR WIFE Grace May Hinds Bohon
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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) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clinton Bohon ADDRESS Hannibal Missouri
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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 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A hyper-tensive cardiac - vascular disease with myocardial insufficiency (Grade IV)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease with myocardial insufficiency (Grade IV) 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	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Sam Lantella M.D. (Degree or title)	23b. ADDRESS 707 Belmont	23c. DATE SIGNED 1/27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/28/54	24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 1-28-54	REGISTRAR'S SIGNATURE W.C. Fisher	25. JOURNAL DIRECTOR'S SIGNATURE W.C. Fisher ADDRESS Hannibal Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED FEB 3 1951
MARION CO. HEALTH DEPT.
DATE FILED FEB 3 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.....
Signature of Student Embalmer

Signed *John S. Spang*.....

Licensed Embalmer No. 4540...

P. O. Address Hannibal, Mis.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.