

FILED MAY 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. **12753**

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4339		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) PARIS		c. LENGTH OF STAY (in this place) 54 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) PARIS		d. STREET ADDRESS (If rural, give location) E. MONROE ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. MONROE ST.				d. STREET ADDRESS (If rural, give location) E. MONROE ST.			
3. NAME OF DECEASED (Type or Print) a. (First) ROSE BELL			b. (Middle) HOHIMER		c. (Last) HOHIMER		
4. DATE OF DEATH (Month) (Day) (Year) MAY 3, 1954							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 10, 1878	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		9. AGE (In years last birthday) If UNDER 1 YEAR: Months 5 Days 23 If UNDER 10 HRS. Hours 23 Min.	
11. BIRTHPLACE (State or foreign country) PETERSBURG, ILL.				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME DOUGLAS POTTER			13b. MOTHER'S MAIDEN NAME MARY SAMS			14. NAME OF HUSBAND OR WIFE FIELDING HOHIMER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME FAYE HOHIMER			
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* Coronary Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. endocarditis DUE TO (b) endocarditis 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 2 1/2 Hrs	
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) 4201			
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 April 24, 1954 , to MAY 3, 1954 , that I last saw the deceased alive on MAY 1, 1954 , and that death occurred at 4:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Mrs. M. J. D. [Signature]				23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 5-3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 6, 1954		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MO.	
DATE REC'D BY LOCAL REG. 5-4-54		REGISTRAR'S SIGNATURE J. A. Sarnett M.D.		435-0		25. FUNERAL DIRECTOR'S SIGNATURE Sneed & Blakey	
						ADDRESS PARIS, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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..... *E. J. Agnew*

Licensed Embalmer No. 4000

P. O. Address..... PARIS, MISSOURI

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

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