

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5235

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5569		Registrar's No. 57			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman Mills, Mo.		c. LENGTH OF STAY (in this place) 53 YEARS		c. CITY OR TOWN Hickman Mills		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 7000			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7420 BLUE RIDGE EXTENSION				STREET ADDRESS (If rural, give location) 7420 BLUE RIDGE EXTENSION					
3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) JEFFERSON c. (Last) Bohin			4. DATE OF DEATH		4. DATE OF DEATH (Month) (Day) (Year) Feb 13, 1955				
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 1, 1893		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARDWARE SALES MAN		10b. KIND OF BUSINESS OR INDUSTRY WYETH CO. ST. JOSEPH, MO.		11. BIRTHPLACE (City and State or Foreign Country) Dunklin County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John J. Bohin		13b. MOTHER'S MAIDEN NAME Lillie Gooch		14. NAME OF HUSBAND OR WIFE IVA Bohin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-07-4747		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Iva Bohin 7420 Blue Ridge Blvd					
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) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) Atherosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 _____, 19 ⁷⁵ , to _____, 19 ⁵⁵ , that I last saw the deceased alive on Jan, 1955, and that death occurred at 2:15 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Dr. J. Davis 354 (Degree or title) M.D.				23b. ADDRESS 3675 Michigan		23c. DATE SIGNED 2-14-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 17 1955	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri				
DATE REC'D BY LOCAL REG. 2-17-55		REGISTRAR'S SIGNATURE James H. Daley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.W. NEWCOMERS SONS K.C. MO.					
(Licensed Embalmer's Statement on Reverse Side) 1331 BRUSH CREEK BLVD.									

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

APR 25 1956

JUL 16 1956

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 *Adrian Jay Stitt*

Licensed Embalmer No. *488*

P. O. Address *N. C. 22 7*

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.