No. 300
10.48

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

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Bohnsock

State File No. 22802

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 534

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (In this place): 8 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mc Carney Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
d. STREET ADDRESS (If rural, give location): 619 Brunswick Ave

0582

3. NAME OF DECEASED (Type or Print)
a. (First): DONALD
b. (Middle): IVAN
c. (Last): SHAUL

4. DATE OF DEATH (Month) (Day) (Year): July-16-1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug-15-1936
9. AGE (In years last birthday): 18 | If under 1 year: Months: 11 Days: 7 | If under 24 hrs.: Hours: Min.:

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

13a. FATHER'S NAME: Ivan Shaul
13b. MOTHER'S MAIDEN NAME: Edna M. Swank
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-34-8496
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Ivan Shaul Brookfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Arrest. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage.

DUE TO (c) Automobile Accident. — 8 hours

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 ☐ NO ☐

21a. ACCIDENT? SUICIDE? HOMICIDE? (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy 36 5 mi East Brookfield
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Linn Co. Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 15 55 7:50 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto-accident

22. *I hereby certify that I attended the deceased from* 7/15, 1955, *to* 7/16, 1955, *that I last saw the deceased alive on* 7/16, 1955, *and that death occurred at* 8 7 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Bohnsock M.D.
23b. ADDRESS: 211 Linn Brookfield Mo
23c. DATE SIGNED: 7/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/19/55
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Brookfield Mo

DATE REC'D BY LOCAL REG.: 7-19-55
REGISTRAR'S SIGNATURE: Walter B. Grimm
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: J. H. Blacklock Brookfield Mo

(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 J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo.

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

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