

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38031**  
Registrar's No. **9875**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9875</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Perry</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )			c. LENGTH OF STAY (in this place) <b>1 month</b>		c. CITY OR TOWN <b>Perryville</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>0741</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>			b. (Middle) <b>August</b>		c. (Last) <b>Bohnert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-9-55</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>4-6-1889</b>		9. AGE (In years last birthday) <b>66</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Uniontown, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>William Bohnert</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Liabe</b>			14. NAME OF HUSBAND OR WIFE <b>Eathel Bohnert</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Delbert Bohnert, Perryville, Mo.</b>				ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Necrosis of small bowel &amp; right colon</b>						INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>? Mesenteric Thrombosis</b>						Few days			
		DUE TO (c) <b>? Carcinoma of Prostate</b>						3 yrs.			
19a. DATE OF OPERATION <b>10/25, 11/7</b>		19b. MAJOR FINDINGS OF OPERATION <b>As above</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>177X</b>		(COUNTY)		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>Oct. 6, 1955</b> , to <b>Nov. 9, 1955</b> , that I last saw the deceased alive on <b>Nov. 9, 1955</b> , and that death occurred at <b>3:00P m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Carl Smith M.D.</b> (Degree or title)				23b. ADDRESS <b>BARNES HOSPITAL</b>				23c. DATE SIGNED <b>11/10/55</b>			
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-10-55</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>NOV 14 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Bey, Perryville, Mo.</b>					ADDRESS	

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

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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.....

Licensed Embalmer No. 436

P. O. Address.....

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.