

FILED FEB 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

930

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5420 Registrar's No. 5

0360

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township). <u>NEW HAVEN-RURAL (LYON Entire)</u>		c. CITY OR TOWN <u>NEW HAVEN</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Entire</u>		e. STREET ADDRESS (If rural, give location) <u>NEW HAVEN-R.F.D. - LYON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEW HAVEN-R.F.D. - LYON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u> b. (Middle) <u>HENRY</u> c. (Last) <u>BOHLE</u>		4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>23</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 6, 1877</u>
9. AGE (In years last birthday) <u>78</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven Mo Route # 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Henry Bohle</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Stephans</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME St. ADDRESS Mo. <u>Mr. Herbert Duerst 4207 Beachwood</u>			

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Coronary Thrombosis</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE <u>Natural</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Haven Franklin Mo</u>	
21d. TIME OF INJURY <u>Jan 23 1956</u> (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? <u>Found dead in house lived alone</u>	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernst P. Ottmann</u> (Degree or title)		23b. ADDRESS <u>Beard Missouri</u>		23c. DATE SIGNED <u>Jan 25, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Port Hudson Lutheran</u>	
24d. LOCATION (City, town, or county) (State) <u>Port Hudson Mo</u>					

DATE REC'D BY LOCAL REG. <u>Jan. 27, 1956</u>		REGISTRAR'S SIGNATURE <u>J. Charles Fealy</u>		503	
25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Fetting</u>		ADDRESS <u>503 New Haven, Mo.</u>			

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

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....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl O. Gentry.....

Licensed Embalmer No.....

P. O. Address New York.....

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.