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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7825

FILED FEB 21 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY OR TOWN Nevada	d. Is 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) 1 1/2 hrs.		e. STREET ADDRESS (If rural, give location) Rural Route 3	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Nevada City Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) William	c. (Last) Bohrn	4. DATE OF DEATH (Month) (Day) (Year) February 8, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27, 1898	9. AGE (In years last birthday) 57	If UNDER 1 YEAR Months _____ Days _____	If UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Calhoun, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oliver Bohrn	13b. MOTHER'S MAIDEN NAME Mariah Owens	14. NAME OF HUSBAND OR WIFE Bernice Bohrn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-36-3156	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Bohrn	ADDRESS Nevada, Mo.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple skull fractures and multiple other fractures and internal injuries		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9105			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 46	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada, Vernon, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 8 1956 2:15 pm.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by falling debris from building he was helping to raise setting up hoists out for traffic
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22. I hereby certify that I attended the deceased from **Feb 8, 1956**, to **Feb 8, 1956**, that I last saw the deceased alive on **Feb 8, 1956**, and that death occurred at **3:32 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Unattested, MD	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 2-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-11-56	24c. NAME OF CEMETERY OR CREMATORY Milo Cemetery	24d. LOCATION (City, town, or county) (State) Milo, Missouri
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DATE REC'D BY LOCAL REG. 2-14-56	REGISTRAR'S SIGNATURE W. J. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Eichinger Funeral Home	ADDRESS Nevada, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Percy F. Milster*.....

Licensed Embalmer No..... *40*.....

P. O. Address..... *New*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.