

FILED MAY 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12649**

BIRTH NO. _____ REG. DIST. NO. **65** PRIMARY REG. DIST. NO. **4113** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK	
c. LENGTH OF STAY (In this place) 4 YRS		d. STREET ADDRESS (If rural, give location) 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) MARY c. (Last) BOHANNAN			4. DATE OF DEATH (Month) (Day) (Year) 4-29-56		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 5-6-1888		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) INDIANIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME TOM RAXLEY		13b. MOTHER'S MAIDEN NAME MARY BRANDT TILLMAN		14. NAME OF HUSBAND OR WIFE BOHANNAN	
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) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Robbins Brunswick, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 1 week	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis				5 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33ix			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **Sept. 2, 1956**, to **April 29, 1956**, that I last saw the deceased alive on **April 29, 1956**, and that death occurred at **6 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Deceased or Heir)		23b. ADDRESS Brunswick, Mo.		23c. DATE SIGNED 4-30-56	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 5-1-56		24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	
24d. LOCATION (City, town, or county) (State) BRUNSWICK, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Brunswick, Mo.			
DATE REC'D BY LOCAL REG. 5-1-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Brunswick, Mo.	

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

0910

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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
Student Embalmer

Signed *L. E. McCurry* _____

Licensed Embalmer No. *4806* _____

P. O. Address *Brunswick, Mo.* _____

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