

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13064

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4223 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maitland</u>		c. CITY OR TOWN <u>Maitland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>60 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Quincy</u> c. (Last) <u>Bohart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4/18/1956</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>10/17/1886</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocerman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Business</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Graham, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Joseph H Bohart</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Brink</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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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>445-20-1622</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stella Kieffer-Maitland, Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		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. <u>Dwarfism</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 4-17, 1956, to 4-18, 1956, that I last saw the deceased alive on 4-18, 1956, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. C. Saw</u> (Degree or title) <u>Do.</u>		23b. ADDRESS <u>Maitland, Mo</u>		23c. DATE SIGNED <u>4-19-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/21/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Graham, Mo</u>	

DATE REC'D BY LOCAL REG. <u>4-22-56</u>		REGISTRAR'S SIGNATURE <u>James Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Stephens Maryville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 *G. M. Atchison*

Licensed Embalmer No. *22*

P. O. Address *W. 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.