

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D. J. Bohner 18926
State File No.

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 49

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|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> | c. LENGTH OF STAY (in this place) <u>1 hr</u> | c. CITY OR TOWN <u>Brookfield</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M^c Larney Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>152 High St</u> 058 0 | |

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|--|---------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>HOWARD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr - 15 - 1956</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>R</u> | 7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>Oct-24-1884</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wathney Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>John M. Eivens</u> | | 13b. MOTHER'S MAIDEN NAME <u>Frances E. Darneal Ross Howard</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. <u>491-30-1370</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ross Howard</u> ADDRESS <u>Brookfield 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive failure.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute coronary occlusion.</u> | | <u>4 hrs.</u> |
| | DUE TO (c) <u>Myocardial infarction.</u> | | <u>5 years.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General arteriosclerosis</u> | | | |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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 Oct 10, 1947, to April 15, 1956, that I last saw the deceased alive on April 12, 1956, and that death occurred at 11 P. M., from the causes and on the date stated above.

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|---|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <u>D. W. Bohner M.D.</u> (Degree or title) | | 23b. ADDRESS <u>211 Linn Brookfield Mo</u> | | 23c. DATE SIGNED <u>4/17/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/18-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | 24d. LOCATION (City, town, or county) <u>Brookfield Mo</u> (State) _____ | | |
| DATE REC'D BY LOCAL REG. <u>4-19-56</u> | REGISTRAR'S SIGNATURE <u>Katharine Johnson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Blacklock</u> ADDRESS <u>Brookfield Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

70

VS AUG 4 1959

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 *J. R. Blacklock*

Licensed Embalmer No. *224*
P. O. Address *Brookfield*

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.