

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. 21627

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BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles Twp.		c. CITY OR TOWN ST. LOUIS	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)		e. STREET ADDRESS (If rural, give location) 1036 Lami	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural- St. Charles Twp.			

3. NAME OF DECEASED (Type or Print)	a. (First) RICHARD	b. (Middle) C.	c. (Last) BOHANNON	4. DATE OF DEATH (Month) (Day) (Year) May 27, 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 2-3-1915	9. AGE (In years last birthday) 41	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) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY H.C. Meyer DUSTRY Contractors	11. BIRTHPLACE (City and State or Foreign Country) Potosi, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Richard Bohannon	13b. MOTHER'S MAIDEN NAME Rebecca Smith	14. NAME OF HUSBAND OR WIFE Fern Bohannon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W. # 2	16. SOCIAL SECURITY NO. 489-10-3723	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Fern Bohannon, 1036 Lami St. No.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACCIDENT, STRUCK BY LIGHTING		
	ANTECEDENT CAUSES Morbidity 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.		9359	

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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles St. Charles
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 27, 1956 3:45 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? While fishing. Struck by lightning
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22. I hereby certify that I attended the deceased from death request to May 28, 1956, that I last saw the deceased alive on May 28, 1956, and that death occurred at 3:45 PM from the causes and on the date stated above.

SIGNATURE <i>Mary M. ...</i> Coroner, St. Charles County, Missouri	23b. ADDRESS Wentzville, Missouri	23c. DATE SIGNED 5-28-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 31, 1956	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Potosi, Missouri
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DATE REC'D BY LOCAL REG June 21, 1956	REGISTRAR'S SIGNATURE <i>Louise Hammett</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS McLaughlin F.H., Inc. 2301 Lafayette
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 25 1956

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.....
Licensed Embalmer No. 459
P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.