

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

02 Bohmer 5423
STATE FILE NUMBER

FILED MAR 5 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brookfield</u> ⁰⁶⁸²		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION <u>Brookfield Rest Home</u>				Length of stay in lb		d. STREET ADDRESS <u>310 W Blayton</u> (If outside, give location)		
3. NAME OF DECEASED (Type or print) First Middle Last <u>CENA-A- HELTON</u>				4. DATE OF DEATH Month Day Year <u>Feb-22-1957</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>R. 9</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec-29-1873</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>1 23</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 country) <u>Knox Co. Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13. FATHER'S NAME <u>Henry Sutton</u>				14. MOTHER'S MAIDEN NAME <u>D. K.</u>				
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>None</u>		17. INFORMANT Name Address <u>Berd Hymes Brookfield Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Relapsed Hypostatic pneumonia.</u> DUE TO (b) <u>Uremia.</u> DUE TO (c) <u>Generalized arteriosclerosis.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fracture of left hip.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u> <u>2 wks.</u> <u>10 yrs.</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fracture - left hip.</u>					
20c. TIME OF INJURY Hour <u>10</u> Month, Day, Year A. M. P. M. <u>1 25 57</u>			<u>Home.</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home.</u>		20f. CITY, TOWN, OR LOCATION <u>Brookfield.</u>		COUNTY STATE		
21. I attended the deceased from <u>1-26.</u> to <u>2/22/57.</u> and last saw her/him alive on _____ Death occurred at <u>2/22/57.</u> <u>10</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>D. W. Bohmer M.D.</u>				22b. ADDRESS <u>Brookfield, Mo.</u>		22c. DATE SIGNED <u>2/20/57.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Feb-24-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Bern</u>		23d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		
24. FUNERAL DIRECTOR Name Address <u>J. Blacklock Brookfield Mo</u>			25. DATE RECD. BY LOCAL REG. <u>2-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY-BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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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 *J. R. Blacklock*

Licensed Embalmer No. *22*

P. O. Address *Brookfield*

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..