

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4167**

FILED JAN 27 1958

BIRTH NO. _____ REG. DIST. NO. **361** PRIMARY REG. DIST. NO. **4515** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN		c. CITY OR TOWN MILAN	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) 13 Hrs. 35 Min.		e. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION SULL. CO. MEM. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) DAVID	c. (Last) BOHRER	4. DATE OF DEATH (Month) (Day) (Year)
				1 18 1958

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 26, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	----------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST	10b. KIND OF BUSINESS OR INDUSTRY Dentistry	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY?
--	--	--	------------------------------

13a. FATHER'S NAME JOHN BOHRER	13b. MOTHER'S MAIDEN NAME Sue Beasley	14. NAME OF HUSBAND OR WIFE JULIA BOHRER
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. Don't know	17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Davis, Milan, Mo.	ADDRESS
---	---	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serious changes -		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) artificial		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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)
		4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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. 1958**, to **1-18-58**, 19**58**, that I last saw the deceased alive on **1-18**, 19**58**, and that death occurred at **2:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE Ed Simpson D.O.	(Degree or title) D.O.	23b. ADDRESS Milan	23c. DATE SIGNED 1-18-58
---------------------------------------	-------------------------------	---------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 20, 1958	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carrollton, Mo.
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 1-20-58	REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son	ADDRESS Green City, Mo.
---	---	---	--------------------------------

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

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.....
Karl P. Kent

Licensed Embalmer No. *4687*
P. O. Address *Green City*

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.