. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017640
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole 1
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jefferson City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Jefferson City 0264 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Office Building High & Broadway — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1924 Hayselton Drive — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last Edward Royse Bohrer		4. DATE OF DEATH Month Day Year June 4, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH January 1, 1909
9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 5 Days 3	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (City and state or country) West Plains, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME E. C. Bohrer	13b. MOTHER'S MAIDEN NAME Jennie Royse	14. NAME OF HUSBAND OR WIFE Lois Wood Bohrer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO. 496-44-7623	17. INFORMANT Address Mrs. Lois Bohrer 1924 Hayselton J. C., Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Asystole	2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Infarction of the Myocardium (Subendocardial)	4 days
DUE TO (c)	Arteriosclerotic Heart Disease	Indefinite

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1952, to June 1958 and last saw ~~him~~ him alive on June 4, 1958
Death occurred at 4:15 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John I. Matthews, MD	22b. ADDRESS 302 Bolivar	22c. DATE SIGNED 6.5.58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
24. FUNERAL DIRECTOR ADDRESS Victor Brescher JC Mo	25. DATE RECD. BY LOCAL REG. 6 June 1958	26. REGISTRAR'S SIGNATURE R. P. Dorris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

JUN 26 1958

JUN 16 1958

OCT 30 1960

JUN 11 1958

VS SEP 22 1960

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 Victor Bueschu

Licensed Embalmer No. 3701

P. O. Address J.C. 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.