

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021455

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 191

300  
-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New Haven</b> <sup>0360</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp 1 Day</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Edgar</b> Middle <b>Bohlken</b> Last <b>Bohlken</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-11, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Postal Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Postal Sup.</b>	9. AGE (In years last birthday) <b>60</b>
11. BIRTHPLACE (City and state or country) <b>Hermann Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Charles Bohlken</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Hasenritter</b>	14. NAME OF HUSBAND OR WIFE <b>Viola Bohlken</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Edgar Bohlken New Haven Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound of</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>HEAD.</b> DUE TO (c) <b>976 X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 HRS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>SUBJECT SHOT SELF ABOVE RT. BROW</b>	
20c. TIME OF INJURY Hour <b>4</b> p.m. Month <b>7</b> Day <b>13</b> Year <b>58</b>		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.) <b>NEAR HOME</b>	
20f. CITY, TOWN, OR LOCATION <b>NEW HAVEN</b>		COUNTY <b>FRANKLIN</b> STATE <b>MO.</b>	
21. I attended the deceased from Death occurred at <b>3:55</b> and last saw her/him alive on <b>7/15/58</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edgar Bohlken</i> (Degree or title)		22b. ADDRESS <b>UPSON MO</b>	22c. DATE SIGNED <b>7/15/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 7 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
24. FUNERAL DIRECTOR <b>L. C. Fertig &amp; Son New Haven Mo.</b>		25. DATE REGD. BY LOCAL REG. <b>7/15/58</b>	26. REGISTRAR'S SIGNATURE <i>F. L. Stidman</i>

JUL 14 1958

VS  
MAY 14 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 Earl P. Gentry .....

Licensed Embalmer No. 3385 .....

P. O. Address New Haven .....

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.