RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS SEP 4 1959

59-031176
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b: 3-days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Delta Comm. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Michigan b. COUNTY Genesee Co
c. CITY OR TOWN Flint
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1805 Maria
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Herbert Middle Ray Last Bohannon
4. DATE OF DEATH: Month 8- Day 25- Year 59
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-8-34
9. AGE (last birthday): 25
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY: Fisher Body Co.
11. BIRTHPLACE (City and state or country): Canalou, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Euggie Bohannon
13b. MOTHER'S MAIDEN NAME: Effie Savage
14. NAME OF HUSBAND OR WIFE: Evelyn Bohannon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. Sept. 56 to Sept. 58
16. SOCIAL SECURITY NO.: 498-34-1869
17. INFORMANT: Evelyn Bohannon Address: Flint, Mich

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemothorax & pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gun shot of chest.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accidentally shot with the 12 ga. shotgun.
20c. TIME OF INJURY: Hour 6 a.m. p.m. Month, Day, Year 8-22-59
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.) Woods. Hunting.
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-22-59 to 8-25-59 and last saw ~~her~~ him alive on 8-25-59.
Death occurred at 4:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. D. Urban, M.D.
22b. ADDRESS Sikeston, Missouri
22c. DATE SIGNED 8-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 8-27-59
23c. NAME OF CEMETERY OR CREMATORY Garden of Memories
23d. LOCATION (City, town, or county) (State) Sikeston, Mo.

24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Morehouse, Mo.
25. DATE RECD. BY LOCAL REG. 8-29-59
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

1959 A DEC

1959 3 OCT

STATEMENT BY LICENSED EMBALMER
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____
or by _____, Student Embalmer No._____

working under my personal supervision.
working under my personal supervision.

Student_____
Student_____
Signature of Student Embalmer
Signature of Student Embalmer

Signed Marsh Watkins
Signed_____

Licensed Embalmer No. 4717
Licensed Embalmer No._____

P. O. Address Dexter Mo
P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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with the above constitutes grounds for revocation of license).
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If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
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If this body is not embalmed, fact should be so stated above.
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