

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-022086

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 216

AMENDED

FILED JUL 10 1961

DATE AMENDED

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | | c. CITY OR TOWN <u>Cole Camp</u> | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> | | d. STREET ADDRESS (If outside give location) | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>Amos</u> Last <u>Bohling</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-16-1893</u> | 9. AGE (last birthday) <u>68</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Parkhurst Mfg. Co.</u> | | 11. BIRTHPLACE (City and state or country) <u>Lakecreek, Mo.</u> | | |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Henry Bohling</u> | | 13b. MOTHER'S MARDEN NAME <u>Katherine Meyer</u> | | |
| 14. NAME OF HUSBAND OR WIFE <u>Selma Lutjen</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | | 16. SOCIAL SECURITY NO. <u>WVI</u> | | |
| 17. INFORMANT <u>Mrs. Selma Bohling-Cole Camp</u> | | Address | | | | |

| | | |
|---|--|--|
| 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>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture - dorsal vertebrae</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown |

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|--|---|---|--------------|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 <u>6-16-61</u> to <u>7-1-61</u> and last saw her/him alive on <u>7-1-61</u> | | Death occurred at <u>8:00 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |

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|---|---------------------------|--|---|--------------------------------|
| 22a. SIGNATURE <u>Chas Gordon Stauffacher</u> (ID free or title) | | 22b. ADDRESS <u>Sedalia, Missouri</u> | | 22c. DATE SIGNED <u>7-6-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7-3-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u> | 23d. LOCATION (City, town, or county) <u>Benton County Mo</u> | (State) |
| 24. FUNERAL DIRECTOR <u>E.L. Eickhoff</u> ADDRESS <u>Cole Camp, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-7-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | |

(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AUG 9 1961

JUL 13 1961

JUL 27 1961

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 E L Eichelroff

Licensed Embalmer No. 730

P. O. Address Cole Camp

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.