

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029015

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 2 1 1961

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Windsor Mo.Length of stay in 1b
3 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Kline Rest HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Benton

c. CITY
OR TOWN Cole CampInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Margaret Adelheid Bohling

4. DATE
OF DEATH

Month

Day

Year

Aug

3

1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-23-1883

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maid

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Pettis County

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Henry Bohling

13b. MOTHER'S MAIDEN NAME

Katherine Meyer

14. NAME OF HUSBAND OR WIFE

Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory failure

INTERVAL BETWEEN
ONSET AND DEATH

10 minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Extreme emaciation & debility

2 months

DUE TO (c)

Chronic musculoskeletal disease type?

several years

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 ☐ Unknown19. 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.)

20c. TIME OF
INJURYHour
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 July 1960 to Aug. 3, 1961 and last saw her alive on Aug. 3, 1961

Death occurred at 10:50 A. m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles Simmons MD

22b. ADDRESS

114 N main Windsor

22c. DATE SIGNED

8-7-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-6-1961

23c. NAME OF CEMETERY OR CREMATORY

Trinity Lutheran Cemetery

23d. LOCATION (City, town, or county)

Cole Camp

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

E.L. Eickhoff Cole Camp, Mo.

25. DATE RECD. BY LOCAL REG

Aug 14-1961

26. REGISTRAR'S SIGNATURE

Wildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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. Erickson

Licensed Embalmer No. 730

P. O. Address Coll Camp Me

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.