SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

61-047691
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 8

AMENDED

FILED JAN 16 1962

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville — Length of stay in 1b 3 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Harrisonville Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Johnson
c. CITY OR TOWN Kingsville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Kingsville, Mo. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ONA Middle Last BOHANNON

4. DATE OF DEATH Month Dec. Day 27, Year 1961

5. SEX female
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/10/1888
9. AGE (last birthday) 72 — 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) at home
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Lawson
13b. MOTHER'S MAIDEN NAME Ellen Clark
14. NAME OF HUSBAND OR WIFE Charles Bohannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) xxxx
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Charles Bohannon, Kingsville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 2 years
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.)
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 July 1961, to Dec 27, 1961 and last saw her/him alive on Dec 27, 1961
Death occurred at 2 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O B Barger MD
22b. ADDRESS Harrisonville Mo
22c. DATE SIGNED Dec 30, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12/30/61
23c. NAME OF CEMETERY OR CREMATORY Urich Cemetery
23d. LOCATION (City, town, or county) (State) Urich, Missouri

24. FUNERAL DIRECTOR ADDRESS Canaday & Ropp, Holden, Mo.
25. DATE RECD. BY LOCAL REG.
26. REGISTRAR'S SIGNATURE Ray Sebree Per. Ray J Sebree

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 M L Ramsdey

Licensed Embalmer No. 3434

P. O. Address Holden, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.