

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037443  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 24 1962**

Primary Registration District No. \_\_\_\_\_

Registrar's No. 68

VS 300  
Rev. 4/59

1 1100  
2 1100

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4 0

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7 0

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9 331X

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Washington</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Walton</b>		Length of stay in 1b <b>13 years</b>	c. CITY OR TOWN <b>Potosi</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11 miles West of Potosi</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. 2</b>		
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Samuel</b> Last <b>Bohannon</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>15</b> Year <b>1962</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>3-15-1880</b>	9. AGE (last birthday) <b>82</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Timber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Timber</b>		11. BIRTHPLACE (City and state or country) <b>Washington County, Mo. USA</b>		
13a. FATHER'S NAME <b>Alex Bohannon</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Relda Bohannon</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>Relda Bohannon Rt. 2 Potosi, Missouri</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>Lobar Pneumonia</b> DUE TO (b) <b>following Cerebral Hemorrhage</b> DUE TO (c) <b>Reside brain</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH	
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 <b>10 Sept</b> to <b>Sept. 15/62</b> and last saw him alive on <b>Sept 10 1962</b> Death occurred at <b>AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>[Signature]</b>			22b. ADDRESS <b>Potosi, Mo.</b>		22c. DATE SIGNED <b>9/17/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-17-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lost Creek Baptist Cemetery</b>		23d. LOCATION (City, town, or county) <b>Rt. 2 Potosi, Missouri</b>		
24. FUNERAL DIRECTOR <b>Donald Sparks</b>		ADDRESS <b>Potosi, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>9/17/62</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 25 1962

**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

*Ronald Sparks*

Licensed Embalmer No.

*4819*

P. O. Address

*Potosi, Mo.*

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.