

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3823 Registrar's No. 110A

DO NOT WRITE ON THIS STUD

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>William Henry Bohrn</u>			2. <u>Male</u>	3. <u>MAY 1, 1968</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>White</u>		5a. <u>59</u>	5b.	5c.	6. <u>November 15, 1908</u>	
CITY, TOWN, OR LOCATION OF DEATH			70. <u>Henry</u>			
7b. <u>Clinton</u>			7c. <u>yes</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
8. <u>Missouri</u>			9. <u>U.S.A.</u>		14. <u>Clinton General Hospital</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <u>None</u>		13a. <u>Retired Mechanic</u>		13b. <u>Retired</u>		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Deepwater</u>		14d. <u>NO</u>	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Charles Bohrn</u>			16. <u>Luella Paul</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Alberta Bohrn</u>			17b. <u>Deepwater Missouri</u>			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) <u>Broncho genic carcinoma at lung</u>						<u>14 mo's</u>
DUE TO, OR AS A CONSEQUENCE OF:						
(b)						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)						AUTOPSY (YES OR NO) 19a. <u>NO</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.	20c. M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.	20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u>3-6-48</u>		21b. <u>5-1-68</u>	21c. <u>5-1-68</u>	21d. <u>Did</u>	21e.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
22a.						22b.
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OR TITLE	
23a. <u>S.B. Hughes M.D.</u>			23b. <u>S.B. Hughes, M.D.</u>		23c. <u>MD</u>	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP	
23d. <u>106 S 3rd</u>			23e. <u>Clinton</u>		23f. <u>MO 64735</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. <u>Burial</u>		24b. <u>Laurel Oak Cemetery</u>		24c. <u>Windsor, Missouri</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. <u>MAY 4, 1968</u>		24e. <u>R.F. Nichols Chapels</u>		24f. <u>Deepwater, Missouri</u>		
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>R.F. Nichols</u>			25b. <u>Mildred Bigum</u>		25c. <u>May 2 1968</u>	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

9. 0
10a. 59
10b.
11. 0
12. 1
13. 1621
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 P. E. Nichole

Licensed Embalmer No. 4897
P. O. Address Clinton, Md.

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.