

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037406

FILED VS OCT 18 1960

NDEO

Registration District No. 032 Primary Registration District No. Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Advance, Mo. R. # 2</b>		Length of stay in lb <b>50 yrs</b>		c. CITY OR TOWN <b>Advance, R. # 2</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>Liberty Twp. Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Liberty Twp.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Lee</b> Last <b>Bohnsack</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>6</b> Year <b>1960</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>6/16/99</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>20</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Cape Girardeau Co., Mo. U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred Bohnsack</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Hahn</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie Bitterman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT Address <b>R. # 2</b> <b>Lottie Bohnsack, Advance, Mo.</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>A CUTE Circulatory Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Artery Occlusion</b> DUE TO (c) <b>Coronary Atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b></b>						INTERVAL BETWEEN ONSET AND DEATH <b></b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b></b>			
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>					
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.) <b></b>		20f. CITY, TOWN, OR LOCATION <b></b>		COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>Dead upon Arrival</b> and last saw her/him alive on <b></b> Death occurred at <b>9:30 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Allen F. Hinkle</b> (Degree or title) <b>CORONER</b>				22b. ADDRESS <b>Lutesville, Mo.</b>		22c. DATE SIGNED <b>10/16/60</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/9/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Park Bollinger Co. Memorial</b>		23d. LOCATION (City, town, or county) <b>Bollinger Co., Mo.</b>	
24. FUNERAL DIRECTOR <b>W. H. Mayne</b>		ADDRESS <b>Advance, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 15-60</b>		26. REGISTRAR'S SIGNATURE <b>Mr. Buford Crader</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. D. Mackin

Licensed Embalmer No. 4640

P. O. Address Advance, M

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.