

19319

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED JUL 12 1949

BIRTH NO. ....		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>5493</u>		Registrar's No. <u>17</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fox Creek</u>		c. LENGTH OF STAY (in this place) <u>45 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fox Creek Twp.</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>11 miles East of Bethany</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ross</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Bond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1949</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>3-17-1874</u>			
						9. AGE (In years last birthday) <u>75</u> if UNDER 1 YEAR <u>3</u> Months if UNDER 1 DAY <u>5</u> Hours if UNDER 15 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Gilbert Bond</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Zula, Dec.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war, or dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilbur Bond, Bethany, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>				DUE TO (b) <u>Gunshot wound in</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Head.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bethany Twp Harrison Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 22 1949 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot in Head with 12 gauge shot Gun</u>					
22. I hereby certify that I attended the deceased from <u>6</u> , 19 <u>49</u> , to <u>6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6</u> , 19 <u>49</u> , and that death occurred <u>8 p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joe E. Wheeler, Coroner</u>				23b. ADDRESS <u>1685 12th Bethany Mo</u>		23c. DATE SIGNED <u>June 25 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-26-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springer Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June-28-1949</u>		REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.S. Ladd</u>		ADDRESS <u>Bethany, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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 .....  
Student Embalmer

Signed W B Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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 this body is not embalmed, fact should be so stated above.