No. 300
10.48

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

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20363

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 56

73 3 2

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Neosho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sale Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Newton 72
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Neosho
d. STREET ADDRESS (If rural, give location) 720 Oakridge Drive

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) Leonard
c. (Last) Bond

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 4, 1886
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR: Months 0 Days 24 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Bond Motor Co.
11. BIRTHPLACE (State or foreign country) Newton County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Bond
13b. MOTHER'S MAIDEN NAME Martha E. Lane
14. NAME OF HUSBAND OR WIFE Edna Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-16-4990
17. INFORMANT'S SIGNATURE OR NAME W.L. Bond — **ADDRESS** Neosho Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide — INTERVAL BETWEEN ONSET AND DEATH: Unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Alcoholic

DUE TO (c) Drinking Carbolic acid — E971H

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Neosho **(COUNTY)** Newton **(STATE)** Mo.
21d. TIME OF INJURY (Month) June (Day) 28 (Year) 1949 (Hour) 3:30
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Drinking Carbolic Acid

22. *I hereby certify that I attended the deceased from* 6-28, 1949, *to* 6-28, 1949, *that I last saw the deceased alive on* 6-28, 1949, *and that death occurred at* 5 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE F. L. Whitehead (Degree or title) M.D.
23b. ADDRESS Neosho Mo.
23c. DATE SIGNED 7-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-1-1949
24c. NAME OF CEMETERY OR CREMATORY Oakwood
24d. LOCATION (City, town, or county) Newton County (State) Mo

DATE REC'D BY LOCAL REG. July 2, 1949
REGISTRAR'S SIGNATURE Melvin C. Bowman
223
25. FUNERAL DIRECTOR'S SIGNATURE Corley Thompson
ADDRESS Neosho

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton Co. Health Unit
District File Number 749-121
Date Filed JUL 8 1949

VS JUN 12 1961

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 Kenneth Patterson, Student Embalmer No. 270, working under my personal supervision.

Signed Kenneth Patterson
Student Embalmer

Signed Corley Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho 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.