

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40380

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 400

14
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bonnett Mill</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>30 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>--</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gustine Bonnett</u>	b. (Middle) <u>--</u>	c. (Last) <u>Bonnett</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>12</u> <u>12</u> <u>1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-7-1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework None</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Exavur Bonnett</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Verdote</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>	ADDRESS <u>Fulton, Mo</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 Mo</u> <u>794X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile dementia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Senile psychosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 12-6-49, 19 , to 12-12-49, 19 , that I last saw the deceased alive on 12-12-49, 19 , and that death occurred at 8:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Miller M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital, Fulton, Mo</u>	23c. DATE SIGNED <u>12-12-49</u>
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24a. BURIAL, CREMATION, REMOVAL OF BODY <u>Removal</u>	24b. DATE <u>12-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bonnett Mill</u>	24d. LOCATION (City, town, or county) (State) <u>Bonnett Mill Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec-13-1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vernon M. Mott</u>	ADDRESS <u>Fulton, Mo</u>
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RECEIVED DEC 19 1949
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Vernon M. Weston

Signed.....
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Levin Me

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.