

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1718

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 2714 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Mo. Douglas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lanagan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lanagan Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None.</u>			
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Bonebrake</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>4-19-1902</u>
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Working or work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Riversville Mo.</u>
10a. USUAL OCCUPATION (Working or work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John Bonebrake</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Bishop</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Bonebrake</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>506012192</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B. J. Bonebrake</u> ADDRESS <u>Lanagan 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>B. M. Humphrey</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Riversville, Mo.</u>	
23c. DATE SIGNED <u>1-22-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-23-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lanagan</u>		24d. LOCATION (City, town, or county) (State) <u>Lanagan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-1-50</u>		REGISTRAR'S SIGNATURE <u>Maxwell Humphrey</u> ADDRESS <u>Riversville Mo.</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>B. M. Humphrey</u>		ADDRESS <u>Riversville Mo.</u>	

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

APR 11 1950

RECEIVED FEB 6 1950  
District Health Office No. 6,  
District File Number 250-170  
Date Filed 2-6-50

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. M. Humphrey Jr.  
.....

Licensed Embalmer No. 4708

P. O. Address Noll, 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.