

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5692

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5927 Registrar's No. 88

0800

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Green Ridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Green Ridge</u> <u>0800</u>	
c. LENGTH OF STAY (in this place) <u>54</u> years		d. STREET ADDRESS (If rural, give location) <u>RFD # 1, Windsor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD # 1, Windsor</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>	b. (Middle) <u>Ruth</u>	c. (Last) <u>Bond</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1950</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>Married</u>	8. DATE OF BIRTH <u>May 8, 1895</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u>	IF UNDER 4 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pettis County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Hampton</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Funk</u>	14. NAME OF HUSBAND OR WIFE <u>Charles E. Bond</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley E. Bond</u>	ADDRESS <u>Windsor, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u> <u>2 wks ago</u> <u>Hospital</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystectomy</u> DUE TO (c) <u>Cholelithiasis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Patient was dismissed from hospital 3 da. before death, convalescence</u>			

19a. DATE OF OPERATION <u>2/15/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>cholelithiasis</u> <u>with sudden death</u>	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) <u>584X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 2/1-50, 1950, to 3/3-50, 1950, that I last saw the deceased alive on 3/1-50, 1950, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Dyer M.D.</u>	(Degree or title)	23b. ADDRESS <u>V. Dedelia No - Trust Co.</u>	23c. DATE SIGNED <u>3/4-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-6-1950</u>	REGISTRAR'S SIGNATURE <u>R. G. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Kuston-Turner</u>	ADDRESS <u>Windsor, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 1952

EMBR 20 1952

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Shindale, 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.