

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8443**

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **5132** Registrar's No. **24**

1440
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1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maitland (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maitland (Rural)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) R	c. (Last) Bonwell	4. DATE OF DEATH (Month) (Day) (Year) March 30, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH April 1, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Scotland Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Milton Bonwell	13b. MOTHER'S MAIDEN NAME Martha (last name unknown)	14. NAME OF HUSBAND OR WIFE Altha D. Bonwell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Roy E. Bonwell	ADDRESS Maitland, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Failure		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis General		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema		19. INTERVAL BETWEEN ONSET AND DEATH 4-5 mo	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2 post saw patient Jan 23 - 1950. He has not seen a doctor since that time, corner that	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)	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 **10-4, 1949, to 3-30, 1950**, that I last saw the deceased alive on **Jan 23, 1950**, and that death occurred at **1:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm B. Cook	(Degree or title) 0	23b. ADDRESS 510 Carby Blvd	23c. DATE SIGNED 3-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 30, 1950	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Effingham, Kansas
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DATE RECD BY LOCAL REG. 3-31-50	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 120 Illinois Av. St. Joe, Mo
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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.

Signed *Emil Clark*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4235.....

P. O. Address *Springfield, 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.