

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12547

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. 809		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <i>Henry</i>		b. CITY OR TOWN <i>Stonbury</i>		a. STATE <i>MO</i>		b. COUNTY <i>Henry</i>		
c. LENGTH OF STAY (in this place) <i>65 yrs</i>		c. CITY OR TOWN <i>W. 2nd St.</i>		d. STREET ADDRESS (If rural, give location) <i>11 11 11 0</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>W. 2nd St.</i>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED			4. DATE OF DEATH			5. DATE OF DEATH		
a. (First) <i>Mrs. SALLIE</i>			b. (Middle) <i>ANN</i>			c. (Last) <i>BONER</i>		
(Type or Print)			4. DATE OF DEATH			5. DATE OF DEATH		
5. SEX <i>W. 1</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow 2</i>		8. DATE OF BIRTH <i>Feb 19-1872</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Clinton Co MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Jacob Montgomery</i>			13b. MOTHER'S MAIDEN NAME <i>Montha Beago</i>			14. NAME OF HUSBAND OR WIFE <i>George Boner Deceased</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Opha Reese</i>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Virus Pneumonia</i>				3 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b) <i>Hypertension with</i>					
			DUE TO (c) <i>arteriosclerosis</i>					
			II. OTHER SIGNIFICANT CONDITIONS				447X	
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 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) (Minute)		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 <i>Jan 15, 1950</i> , to <i>4-22, 1950</i> , that I last saw the deceased alive on <i>4-22, 1950</i> , and that death occurred at <i>6 A m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Charles N. McKeamond D.O.</i>				23b. ADDRESS <i>Henry MO</i>		23c. DATE SIGNED <i>4/23/50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4/24/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hughes Ridge</i>		24d. LOCATION (City, town, or county) (State) <i>Stonbury Henry MO</i>		
DATE REC'D BY LOCAL REG. <i>April 28-50</i>		REGISTRAR'S SIGNATURE <i>Mrs Edith Childers</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Luby H. Schiller</i>		ADDRESS <i>Stonbury MO</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

0380

No. 300  
10.48

**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 \_\_\_\_\_

*Labor F. Phillips*

Signed \_\_\_\_\_

~~Student-Embalmer~~

Licensed Embalmer No. \_\_\_\_\_

*1598*

P. O. Address \_\_\_\_\_

*Stoughton, Mass*

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.