

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1950

State File No. 17998

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4916

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>	
c. LENGTH OF STAY (in this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1101</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Luke hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Bond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 1 1950</u>				
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>11-16-1890</u>	9. AGE (In years last birthday) <u>59</u>	10. MONTHS <u>6</u>	11. DAYS <u>15</u>	12. ORDER of REG. Hours <u>1</u> Min. <u>1</u>
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>Dranton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Walter Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Maybee</u>		14. NAME OF HUSBAND OR WIFE <u>William Fred Bond Potosi</u>	
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>W.F. Bond</u> ADDRESS <u>Potosi 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Ampulla of Vater</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>5.2.50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma ampulla of Vater</u>		20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>	

22. I hereby certify that I attended the deceased from Apr. 24, 1950, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>William B. Day M.D.</u> (Degree or title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>6.3.50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Masonic Cemetery Potosi</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer funeral home Potosi Mo</u> ADDRESS _____			

DATE REC'D BY LOCAL REG. <u>JUN 4 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer funeral home Potosi Mo</u> ADDRESS _____	
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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 _____

Mary M. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.