

FILED AUG 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25799

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6148 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Castor)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Castor) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home		d. STREET ADDRESS (If rural, give location) Star Route, Dexter, Mo.	

3. NAME OF DECEASED (Type or Print) Samuel Thomas Bond			4. DATE OF DEATH (Month) (Day) (Year) July 11, 1950				
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Feb. 7, 1901	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Days 5	IF UNDER 1 YEAR Hours 4	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) ✓ <i>ret</i>		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Asherville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Wesley Baker Bond	13b. MOTHER'S MAIDEN NAME Matilda Richardson	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Blackman, Bernie, Mo.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic pneumonia</i>		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		491X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Spontaneous foreign body ingestion</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>An Epileptic for years (suppressed)</i>		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) m.	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 Jan 1, 1946, to July 8, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. J. J. Davis M.D.</i> (Degree or title)	23b. ADDRESS Bloomfield, Mo.	23c. DATE SIGNED July 22, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-13-50	24c. NAME OF CEMETERY OR CREMATORY Bernie
24d. LOCATION (City, town, or county) (State) Bernie, Missouri		

DATE REC'D BY LOCAL REG. July 25, 1950	REGISTRAR'S SIGNATURE <i>Rose Wehler</i> 355	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey	ADDRESS Dexter, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 31 1
District Health Office No
District File Number _____
Date Filed _____

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 _____

working under my personal supervision.

Student-Embalmer No.

Signed _____

J. H. Hall

Signed.....
Student Embalmer

Licensed Embalmer No. 3479

P. O. Address Wester, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.