

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26380

199

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3076 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 30yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		1264
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital			d. STREET ADDRESS (If rural, give location) 1319 Cottage Lane		
3. NAME OF DECEASED (Type or Print) a. (First) Gertude b. (Middle) Bonnot c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 22 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1898 Feb. 2 1898	9. AGE (In years last birthday) Months Days 56 6 16	IF UNDER 1 YEAR Hours Min. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) Linn, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Eickhoff		13b. MOTHER'S MAIDEN NAME Katherine Lucke		14. NAME OF HUSBAND OR WIFE Eugene Bonnot	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 490-09-8477	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Bonnot Jefferson City Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma of Liver + metastatic lymph nodes			INTERVAL BETWEEN ONSET AND DEATH February 1949 to Aug 22 1950		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malum Carcinoma Piris right eye 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 Feb 1949 Tumor		19b. MAJOR FINDINGS OF OPERATION Malum Carcinoma Piris right eye - (Excision) Sarcoma - metastatic in liver + metastatic lymph nodes			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? 192X		
22. I hereby certify that I attended the deceased from Feb. 1945, to Aug 22, 1950, that I last saw the deceased alive on Aug 22, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John H. McHaney MD			23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 8/23/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (7)	24b. DATE Aug. 25 1950	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. August 23-1950		REGISTRAR'S SIGNATURE R.P. Davis MD - R.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buescher Jefferson City Mo	

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

5264

[Faint, illegible markings and stamps]

RECEIVED 8-2
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-26-50

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.