

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27836

BIRTH NO.		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		c. LENGTH OF STAY (in this place) 10 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		0861	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MONROE HOSPITAL				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) W		c. (Last) BONER		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 2 1950	
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 20 1861	
9. AGE (In years last birthday) 88		10. UNDER 1 YEAR Months 8		11. UNDER 2 HRS. Hours 12		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lawyer		10b. KIND OF BUSINESS OR INDUSTRY PRIVATE PRACTICE		11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MATHEW BONER		13b. MOTHER'S MAIDEN NAME EMILY DRURY		14. NAME OF HUSBAND OR WIFE JENNIE BONER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JENNIE BONER UNIONVILLE, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute enteritis</u>				INTERVAL BETWEEN ONSET AND DEATH 794X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.				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?			
22. I hereby certify that I attended the deceased from 11-16, 1945, to 8-2, 1950, that I last saw the deceased alive on 8-2, 1950, and that death occurred at 9:30 A.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. W. McDonald</u>		(Degree or title)		23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>8-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 4 1950		24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) UNIONVILLE, MO.	
DATE REC'D BY LOCAL REG. 8-15-50		REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u>		ADDRESS UNIONVILLE, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

2, 1950

Date Received: AUG 23 1950
DISTRICT HEALTH OFFICE #2
District File Number 8-50-138
Date Filed: AUG 23 1950

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.

Student

Student Embalmer

Signed

James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Me.

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.