

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29819**

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

BIRTH NO. _____ REG. DIST. NO. 977 PRIMARY REG. DIST. NO. 3016 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Loose Creek Mo</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>August</u> c. (Last) <u>Bonnot</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-17-1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 3 1877</u>
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>1</u>	11. DAYS <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Bonnots Mill Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>August Bonnot</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Miran</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Frank A Bonnot</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank A Bonnot</u> ADDRESS <u>Loose 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid 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.	
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) (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 <u>Sept. 10, 1950</u> , to <u>Sept 17, 1950</u> , that I last saw the deceased alive on <u>Sept 17, 1950</u> , and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Earl L. Loyd M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>9-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New-Parish Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Loose Creek Osage Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 18-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD - DR. 68</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Mortor</u> ADDRESS <u>Linn Mo</u>	

RECEIVED 9-19-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-19-50

FEB 26 1953

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.....
Student Embalmer

Signed Vernon M. Maston

Licensed Embalmer No. 4125

P. O. Address Leas 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.