

FILED NOV 9 1950

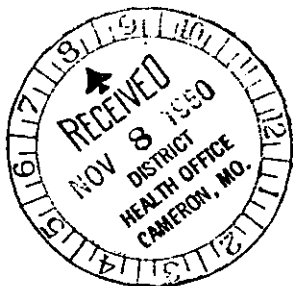
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35996

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4550		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) Sheridan		c. LENGTH OF STAY (In this place) 60 years		c. CITY (If outside corporate limits, write RURAL and give township) Sheridan		1132	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Stephen		a. (First) Clarence		b. (Middle) Bond		c. (Last)	
4. DATE OF DEATH 10 26 1950		(Month) (Day) (Year)		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 8 12 1950 1867		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months 2 Days 14 Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming for self		11. BIRTHPLACE (State or foreign country) Elmdale, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter Bond		13b. MOTHER'S MAIDEN NAME Clarinda Johanson		14. NAME OF HUSBAND OR WIFE Hester Bond			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Yeater Sheridan, 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) fracture hip ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Age				INTERVAL BETWEEN ONSET AND DEATH 4 mo 88259 33	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION Advanced Age				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) automobile accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rollins Kansas			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 1950 10 pm		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Car collision			
22. I hereby certify that I attended the deceased from 10-25-1950 to 10-25-1950 , that I last saw the deceased alive on 10-25-1950 , and that death occurred at 84 m., from the causes and on the date stated above.							
23a. SIGNATURE E. P. Nesbitt				23b. ADDRESS Sheridan Mo.		23c. DATE SIGNED 10-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10 29 1950		24c. NAME OF CEMETERY OR CREMATORY Isadora Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Mo.	
DATE REC'D BY LOCAL REG. Nov 2, 1950		REGISTRAR'S SIGNATURE John E. Dawson		345		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Temple Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed Arch C. Dwyler

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.