

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41573

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. H2

1. PLACE OF DEATH a. COUNTY NEW MADRID.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAY WYE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAY WYE	
c. LENGTH OF STAY (In this place) 12 years		d. STREET ADDRESS (If rural, give location) No.	
d. FULL NAME OF HOSPITAL OR INSTITUTION No.			

3. NAME OF DECEASED (Type or Print) a. (First) GUY		b. (Middle) BONAPART		c. (Last) BONAPART		4. DATE OF DEATH (Month) (Day) (Year) NOV-3-1950				
5. SEX M2	6. COLOR OR RACE COLORED.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9		8. DATE OF BIRTH June 28 - 1893		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 4 Days 4		IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM WORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) AGUSTA ARK1			12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME JAKE BONAPART		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE None	
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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. No		17. INFORMANT'S SIGNATURE OR NAME Joe Bonapart, Portageville Mo		ADDRESS 637	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis with cerebral thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						332X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) Jay Wye New Madrid Mo.	
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 **Jan**, 1950, to **Oct**, 1950, that I last saw the deceased alive on **31 Oct**, 1950, and that death occurred at **8 a** m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Ponder, M.D. (Degree or title)		23b. ADDRESS Portageville, Mo.		23c. DATE SIGNED 11-4-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/4-50		24c. NAME OF CEMETERY OR CREMATORY Landhill		24d. LOCATION (City, town, or county) (State) New Madrid Mo.	
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DATE REC'D BY LOCAL REG. Dec. 5 1950		REGISTRAR'S SIGNATURE H. L. Ponder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Richard Underko		ADDRESS New Madrid Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

DEC 21 1950

DISTRICT HEALTH OFFICE No. (

File No.....

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

L. W. Hedgcock

Signed.....

Student Embalmer

Licensed Embalmer No. *3803*

P. O. Address *New Madrid 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.