

FILED JAN 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1795
Registrar's No. 5

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Macon</u>		c. CITY OR TOWN <u>R.F.D. - Excelsior 0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Curtis</u> b. (Middle) _____ c. (Last) <u>Bond</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1957</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>Nov. 27 1889</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>Farmer</u>	9. AGE (In years last birthday) <u>67</u> if under 1 year: Months _____ Days _____ if under 12 hrs.: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred C. Bond</u>		13b. MOTHER'S MAIDEN NAME <u>Lula B. Hatterman</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Mable Bond</u>		<u>Excelsior, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mable Bond</u>		ADDRESS <u>Excelsior, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virid Interstitial Pneumonia</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. 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) (Min.)		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>9-26</u> , 19 <u>50</u> , to <u>1-3</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>57</u> , and that death occurred at <u>6:10 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. E. Quinn</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Macon Mo</u>	
23c. DATE SIGNED <u>1-8-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 5, 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-16-57</u>		REGISTRAR'S SIGNATURE <u>Dutch McNeely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens & Goodling</u>		ADDRESS <u>Macon, Mo.</u>	

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

6/10

RECEIVED 1. 27. 51
MACON COUNTY HEALTH DEPARTMENT
County File No. 1. 51. 1. 8.
Date Filed 1. 29. 51

7867 2 11/16

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.