

FILED MAR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3962

0120

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

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>ABRAHAM</u> b. (Middle) <u>LINCOLN</u> c. (Last) <u>BOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1951</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>June 13, 1890</u>
9. AGE (In years last birthday) <u>60</u>		# UNDER 1 YEAR <u>8</u> Months <u>8</u> Days	# UNDER 1 HR. Hours <u>8</u> Min.
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>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ripley Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>		13a. FATHER'S NAME <u>John T. Bond</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Hilderbrand</u>		14. NAME OF HUSBAND OR WIFE <u>Martha</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ormsbey...Fairdealing, Mo.</u>		ADDRESS _____	
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>Traumatism by Farm tractor</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 checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Highway</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Neely Township Butler Mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) <u>2/21-51 5:50 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell under wheel of tractor.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:50 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Everett W. Treese</u> (Name or title)		23b. ADDRESS <u>Poplar Bluff Mo.</u>	
23c. DATE SIGNED <u>2-27-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Naylor</u>		24d. LOCATION (City, town, or county) (State) <u>Naylor, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 27 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>FRANK *COTRELL</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

RECEIVED

MAR 7 1951

BUTLER CO. HEALTH CENTER

FILE No. 351-106

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.....

Grover D. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 2964

P. O. Address Exeter Butler

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.