

FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33186

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 889

396
1

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u> <u>1396</u>	
c. LENGTH OF STAY (In this place) <u>50 years</u>		d. STREET ADDRESS (If rural, give location) <u>1558 S. Rogers</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1558 S. Rogers</u>		e. STREET ADDRESS <u>1558 S. Rogers</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Bond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 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>April 6, 1876</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Civil Engineer</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Carmel, Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Thomas James Bond</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary E. Grant</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. May Bond</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u> (If yes, give war or date of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. May Bond</u>		ADDRESS <u>Springfield,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> Mo. <u>0</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> ANTECEDENT CAUSES DUE TO (b) <u>Heart, myocardial insufficiency</u> mo. <u>0</u> 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 <u>260X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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>3-3</u> , 19 <u>50</u> , to <u>10-16</u> , 19 <u>51</u> that I last saw the deceased alive on <u>10-16</u> , 19 <u>51</u> , and that death occurred at <u>9:20p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Handley, M.D.</u>		23b. ADDRESS <u>407 Medical Arts Bldg.</u>	
23c. DATE SIGNED <u>10-17-51</u>		23d. NAME OF CEMETERY OR CREMATORY <u>"White Chapel"</u>	
23e. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 18, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>"White Chapel"</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharf Funeral Home, Inc.</u>	
25. ADDRESS <u>Springfield, Missouri</u>		DATE REC'D BY LOCAL REG. <u>10-17-51</u>	
REGISTRAR'S SIGNATURE <u>W. E. Handley, M.D.</u>		25. ADDRESS <u>Springfield, Missouri</u>	

MAY 26 1957

MAY 1 1957

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.....

John R. Carey
.....
working under my personal supervision.

Student Embalmer No. *426*.....

Signed *John R. Carey*
.....
Student Embalmer

Signed *Lewis G. Schopf*
.....

Licensed Embalmer No. *3802*.....

P. O. Address *Springfield, 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.