

FILED NOV 15 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34405

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3044 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BARNETT</u> <u>571 11</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham-Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>BARNETT</u> <u>1</u>		

3. NAME OF DECEASED (Type or Print), a. (First) <u>Lucy</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>BOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 7 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>6 JUNE 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (State or foreign country) <u>MORGAN-Co MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>

13a. FATHER'S NAME <u>WILLIAM BROWN</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH-CHAY</u>	14. NAME OF HUSBAND OR WIFE <u>THOMAS-P-BOND</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ANNA-CROSBY-Louisville-Ohio</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		<u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____		<u>3 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>

22. I hereby certify that I attended the deceased from 10-27-51 to 11-7-51, that I last saw the deceased alive on 11-7-51, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kerveyon Latham</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>CALIFORNIA-MO</u>	23c. DATE SIGNED <u>9 NOV 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10 Nov. 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOPEWELL</u>	24d. LOCATION (City, town, or county) (State) <u>MORGAN-Co-MO</u>
DATE REC'D BY LOCAL REG. <u>11-2-51</u>	REGISTRAR'S SIGNATURE <u>A.R. Popjoy R. R. 202</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kay</u>	ADDRESS <u>ELDON MO</u>

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

RECEIVED NOV 14 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 14 1951

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 Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.