S. No. 300
. 10-48

FILED JAN 7 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42313

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 45

2334

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Saline
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi - E - Olean

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Saline
d. STREET ADDRESS (If rural, give location): 5 mi - E - Olean

3. NAME OF DECEASED (Type or Print)
a. (First): Lon
b. (Middle): J
c. (Last): Bond

4. DATE OF DEATH (Month) (Day) (Year): Dec - 20 - 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6 April 1893
9. AGE (In years last birthday): 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen Faming
11. BIRTHPLACE (State or foreign country): Miller - Co - Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: [illegible]
13b. MOTHER'S MAIDEN NAME: Margaret Carney
14. NAME OF HUSBAND OR WIFE: Cora - Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Cora - Bond — ADDRESS: Olean - Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

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: None
19b. MAJOR FINDINGS OF OPERATION: None — 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased ~~from~~ on _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__ and that death occurred at 9:15 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter P. Hedges Coroner
23b. ADDRESS: Iberia, Mo
23c. DATE SIGNED: Dec 22, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 22 Dec 51
24c. NAME OF CEMETERY OR CREMATORY: Spring Garden
24d. LOCATION (City, town, or county) (State): Miller - Co - Mo

DATE REC'D BY LOCAL REG.: Dec. 22, '51
REGISTRAR'S SIGNATURE: Alverretta Walt 192
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kays
ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ruth M. Kays

Licensed Embalmer No. 398

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.