

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. 43802

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>TEXAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Houston</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Houston</b>	
c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CAREY</b> b. (Middle) <b>ALLEN</b> c. (Last) <b>BONNETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 9 1951</b>		
5. SEX <b>m-f</b>		6. COLOR OR RACE <b>w.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Aug 15 1871</b>		9. AGE (In years last birthday) <b>80</b>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Game</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME <b>Columbus Bonnett</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Ferguson</b>		14. NAME OF HUSBAND OR WIFE <b>Priscilla B. Bonnett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ms. Carey Bonnett Houston Mo.</b>	

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) <b>Cerebral Vascular Accident</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Heart Disease</b> <b>Arteriosclerotic Degeneration</b> DUE TO (c) <b>Decompensative Heart Disease</b>					
		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 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) <b>4200</b>			
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 **Feb. 10, 1949**, to **Dec. 8, 1951**, that I last saw the deceased alive on **Dec. 8, 1951**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Houston, Mo</b>		23c. DATE SIGNED <b>12/10/51</b>	
24a. BURNAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 11-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Houston</b>	
24d. LOCATION (City, town, or county) (State) <b>Houston Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rayford A. Elliott</b>		25. ADDRESS <b>Houston Mo</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 20-51</b>		REGISTRAR'S SIGNATURE <b>Myrtle Craig</b>		327	

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

270

7887  
DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED | DEC 26 1951

Dist. File 1251-3205

Date Filed 12-28-51

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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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.