V.S. No. 300
Rev. 10-48

JUN 30 1952 DELAYED

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44342

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 14

0900
3

1951

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

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Logan Twp.
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 miles west of Annapolis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron 0770
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vulcan 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Carroll
c. (Last): Bounds

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5, 1951

5. SEX: male 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 12, 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 4, Days 23 — 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: own farm
11. BIRTHPLACE (State or foreign country): Iron county, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Jessie Bounds
13b. MOTHER'S MAIDEN NAME: Ruth Brawley
14. NAME OF HUSBAND OR WIFE: Annie Bounds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert L. Bounds, Fredericktown, 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) Lost while Deer hunting, found May 25, 1952

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Death caused thru exposure to the elements. No evidence of foul play. This was determined by Coroner's
DUE TO (c) Inquest an d investigation.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Present, Pros. Atty. sheriff, & Highway Patrol of Reynolds County, Mo.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
E9339 46
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - -

22. *I hereby certify that I attended the deceased from* nil, *19*__, *to* no, *19*__, *that I last saw the deceased alive on* - - - *19*__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner Reynolds County, Missouri
23b. ADDRESS: Centerville, Mo
23c. DATE SIGNED: 5/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Redford Cemetery
24d. LOCATION (City, town, or county) (State): Redford, Missouri

DATE REC'D BY LOCAL REG.: 6/25/52
REGISTRAR'S SIGNATURE: Essie Evans 276-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton, Mo.

(Licensed Embalmer's Statement on Reverse Side) Ancel White

JUN 30 1952

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 Was not embalmed working under my personal supervision.

Student Embalmer No.....

Signed Ancel J White

Signed.....
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Groton Tex

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.