

## STANDARD CERTIFICATE OF DEATH

State File No. 658

FILED JAN 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Bonnots Mill	
c. LENGTH OF STAY (in this place)		0760	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still Memorial Hospital		d. STREET ADDRESS (If rural, give location) Mo	
3. NAME OF DECEASED (Type or Print) Eugene		b. (Middle) J.	
a. (First)		c. (Last) Bonnot	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 17-1952			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May, 7 1875
9. AGE (in years last birthday) 76		IF UNDER 1 YEAR Months 8 Days 10	
IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Rtd Farmer		10b. KIND OF BUSINESS OR INDUSTRY self	
11. BIRTHPLACE (State or foreign country) Bonnots Mill Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME August Bonnot		13b. MOTHER'S MAIDEN NAME Josephine Marian	
14. NAME OF HUSBAND OR WIFE Louise Sallin Bonnot			
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs E.J. Bonnot		ADDRESS Bonnots Mill Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial failure</i>		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) <i>Extreme Emaciation</i> 60 days	
DUE TO (c) <i>Pyloric Obstruction</i> 60 days		DUE TO (d) <i>Uremia</i> 48 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION Jan 17-1952		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input checked="" 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. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Jan 7, 1952 to Jan 17, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 11:05 AM on the causes and on the date stated above.			
23a. SIGNATURE <i>Edmond W. Baldwin D.O.</i>		23b. DATE SIGNED Jan 17, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/19/52	
24c. NAME OF CEMETERY OR CREMATORY Parish Cemetery		24d. LOCATION (City, town, or county) (State) Bonnots Mill Mo	
DATE REC'D BY LOCAL REG. Jan 18-1952		REGISTRAR'S SIGNATURE <i>R.P. Davis MD-DR</i>	
25. HEALTH DIRECTOR'S SIGNATURE <i>Charles Merton</i>		ADDRESS Linn Mo	

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

RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 21 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Vernon Mooten*

Licensed Embalmer No. *4125*

P. O. Address *Lin 740*

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.