

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>MISSOURI</b> - b. COUNTY <b>McDONALD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>PINEVILLE</b> 0600	
c. LENGTH OF STAY (in this place) <b>10 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Joplin General</b>			

3. NAME OF DECEASED (Type or Print) <b>LORANZA - DOW - BONE</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 17 - 52</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>12-5-1887</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR <b>2</b> Months <b>18</b> Days	IF UNDER 24 HRS. <b>215</b> Hours <b>15</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>	11. BIRTHPLACE (State or foreign country) <b>GARFIELD-ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>R.L. BONE</b>	13b. MOTHER'S MAIDEN NAME <b>LOVENIA VANSANT</b>	14. NAME OF HUSBAND OR WIFE <b>LENA - BONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>491-12-2281</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LENA BONE</b>	ADDRESS <b>PINEVILLE - MO</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>respiratory and circulatory failure</b>		<b>immediate</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>moranttic thrombosis</b> DUE TO (c) <b>diabetic gangrene</b>		
II. OTHER SIGNIFICANT CONDITIONS: <b>arteriosclerosis - Pancreatic fibrosis - Nephritis</b> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>2-11-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>arteriosclerosis</b>	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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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>260X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-6**, 1951, to **2-17**, 1952, that I last saw the deceased alive on **2-17**, 1952, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <b>Joplin, Mo</b>	23c. DATE SIGNED
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-21-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PINEVILLE</b>	24d. LOCATION (City, town, or county) (State) <b>PINEVILLE - MO</b>
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DATE REC'D BY LOCAL REG. <b>3-12-52</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Pineville, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495  
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RECEIVED 3-17-52  
Jasper County Health Office

County File Number 52/3/206 191

Date Filed 3-17-52

NOV 29 1961

NOV 29 1961

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 H. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address \_\_\_\_\_

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.