

FILED APR 7 1952

STANDARD CERTIFICATE OF DEATH

State File No. 8959

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 35

0560

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Bonnett b. (Middle) Marvin c. (Last) Bondrant			4. DATE OF DEATH (Month) (Day) (Year) March 28, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 27, 1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lewis County		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Bondrant		13b. MOTHER'S MAIDEN NAME Anna Elizabeth Agee		14. NAME OF HUSBAND OR WIFE Lucinda Virginia Bondrant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marvin Bondrant La Belle, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) colony insufficiency of the heart		MEDICAL CERTIFICATION	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) senescence			
	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		19b. MAJOR FINDINGS OF OPERATION 4214		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)	
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?	

22. I hereby certify that I attended the deceased from **February 10, 1952**, to **March 28, 1952**, that I last saw the deceased alive on **March 28, 1952**, and that death occurred at **5 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. Coates, D.O. (Degree or title)		23b. ADDRESS La Belle, Mo.		23c. DATE SIGNED March 30, 1952	
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE 3/30/1952		24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery	
		24d. LOCATION (City, town, or county) (State) La Belle, Missouri			

DATE REC'D BY LOCAL REG. 4-1-52		REGISTRAR'S SIGNATURE P. W. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Coates, Jr., La Belle, Mo.	
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(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 Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. M. Anderson Jr.

Licensed Embalmer, No. 4328

P. O. Address LaBelle, 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.