

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9241**

APR 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stella</u>		c. LENGTH OF STAY (in this place) <u>8 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wheaton</u>		<u>00571</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home of Daughter</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Bonta</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1952</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 6 1873</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Month <u>11</u> Day <u>14</u>		IF UNDER 1 YEAR Hours <u>14</u> Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Thomas J. Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen DeWitt</u>		14. NAME OF HUSBAND OR WIFE <u>I.W. Bonta</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs C.E. Price (Wheaton Mo.)</u>			
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) <u>Chronic Myocarditis & Interstitial Nephritis</u> ANTECEDENT CAUSES <u>Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H 222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>March 20, 1951</u> , to <u>March 20, 1952</u> , that I last saw the deceased alive on <u>March 19, 1952</u> , and that death occurred at <u>Stella, Mo.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name of title) <u>[Signature]</u>				23b. ADDRESS <u>Stella, Missouri</u>		23c. DATE SIGNED <u>3/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/23/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedona Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stella Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-1952</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Morris Pope</u>		ADDRESS <u>Wheaton Mo</u>	

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

731

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 459-~~800~~-279
Date Filed APR - 7 1952

NEOSHO, MISSOURI

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 James K. Duncan
Licensed Embalmer No. 4767
Wheaton Mo.

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.