

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19420**

FILED JUL 5 1952 BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **692**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 1519 Dewey	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1519 Dewey			

3. NAME OF DECEASED (Type or Print) a. (First) Beulah b. (Middle) Marie c. (Last) Bonney			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH March 19, 1900		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teller		10b. KIND OF BUSINESS OR INDUSTRY bank		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Bert M. Johnson		13b. MOTHER'S MAIDEN NAME Carrie L. Holmes		14. NAME OF HUSBAND OR WIFE Veritas E. Bonney	
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. unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Bert M. Johnson, 1519 Dewey, St. Joseph,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia & Terminal Pneumonia		DUPLICATE OF (a) Carcinomatous, general		10 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) Carcinoma of Pt. Breast		2 yrs -	
DUPLICATE OF (c) Carcinoma of Pt. Breast		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 6/9/50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast, Pt.		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) (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 **6-5-50**, 19**50**, to **6-22**, 19**52**, that I last saw the deceased alive on **12-8**, 19**51**, and that death occurred at **11:00am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Thompson Jr. M.D.		23b. ADDRESS HOMPSON, BRUMM & KNEPPER CLINIC 602 Edward St., St. Joseph, Mo.		23c. DATE SIGNED 6/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/25/1952		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. July 3, 1952		REGISTRAR'S SIGNATURE Carl C. Casty			

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

5. No. 300
v. 10.48
0117
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Wm. McDaniel

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address. *319 S. 11th St. St. Joseph, 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.