

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21404**
 Registrar's No. **53**

MAILED JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **305**

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 3069	
c. LENGTH OF STAY (In this place) 2 hr.		d. STREET ADDRESS (If rural, give location) 5965 Cole Brilliant Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry Co. Memorial Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Karen b. (Middle) Kay c. (Last) Bond			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 0	
8. DATE OF BIRTH May 13, 1951		9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Nile T. Bond		13b. MOTHER'S MAIDEN NAME Helen Aleene Edwards		14. NAME OF HUSBAND OR WIFE	
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 Nile T. Bond ADDRESS Dexter, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral-Hemorrhage ANTECEDENT CAUSES 4 CONCUSSION Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) PENDING		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway - 25		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Perryville Perry Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 27 52 1:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Impact Two - cars	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:5A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 3		23b. ADDRESS Perryville, Mo		23c. DATE SIGNED 6-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-30-52		24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	
24d. LOCATION (City, town, or county) (State) Dexter, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville, Mo ADDRESS			
DATE REC'D BY LOCAL REG. 6-30-52		REGISTRAR'S SIGNATURE [Signature]			

101 7 4 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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.