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

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21410

State File No.

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Central Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo. 2069
d. STREET ADDRESS (If rural, give location): 5965 Cote Brilliant Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Aleene
c. (Last): Bond

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 17, 1915
9. AGE (In years last birthday): 37 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Campbell, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Joe A. Edwards
13b. MOTHER'S MAIDEN NAME: Della Schemahorn
14. NAME OF HUSBAND OR WIFE: Nile T. Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (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)

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) Fractured Neck — 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) Internal Hemorrage
DUE TO (c) Crushed Chest

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 ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Pen Diving
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #25
21c. (CITY, TOWN, OR TOWNSHIP): Pettyville — **(COUNTY)**: Perry — **(STATE)**: 1776
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 27-52 1130 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Impact of 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 11:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] — **(Degree or title)**:
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

DATE REC'D BY LOCAL REG.: 6-30-52
REGISTRAR'S SIGNATURE: Joe J. Zoellner
25. FUNERAL DIRECTOR'S SIGNATURE: Young & Sons — **ADDRESS**: Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1953

JUL 14

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 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.