

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31424

State File No. ....

FILED SEP 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4223 Registrar's No. 63

440  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maitland</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maitland</u> <u>0440</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Edgar</u>	b. (Middle)	c. (Last) <u>Bond</u>	9-		6-	1952

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-23-1902</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>P.O. clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Maitland Post Office</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln City Nebr</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Gedley Bond</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Belle West</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Faye Bond</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-18-2920</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Faye Bond - Maitland Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4201</u>

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) (m.)	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 8/25, 1952, to 9/6, 1952, that I last saw the deceased alive on 9/5, 1952, and that death occurred at 7:128 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.C. New</u>	23b. ADDRESS <u>D.O. Maitland, Mo</u>	23c. DATE SIGNED <u>9/6/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-8-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maitland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Maitland Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-11-1952</u>	REGISTRAR'S SIGNATURE <u>James H. Crawford</u>	469	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Johnson</u>	ADDRESS <u>Marionville Mo</u>
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MAY 29 1953

SEP 19 1952

SEP 19 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed G M Atkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Myrtle St

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.