

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36021

State File No.

DECEASED 23 1952

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 18

892
3

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

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN</u> <u>0890</u>	
c. LENGTH OF STAY (in this place) <u>minutes</u>		d. STREET ADDRESS (If rural, give location) <u>"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 10 - Eastern Edge Excelsior</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) <u>C.</u> c. (Last) <u>BOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 15 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>APRIL 21, 1898</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BANKING</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>JOHN A. BOND</u>		13b. MOTHER'S MAIDEN NAME <u>BARTHELLA BUSH</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA L. BOND</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-18-0637</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RAYBURN BOND</u> ADDRESS <u>HARDIN, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>			
		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 <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Oct 1 - 1952 to Oct 15 - 1952 that I last saw the deceased alive on 10-15-1952 and that death occurred at 10:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Gray</u> (Degree or title) <u>MD - 0</u>		23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>10-15-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	
				24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>	

DATE REC'D BY LOCAL REG. <u>11/18-52</u>		REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Kripachild & Buchsding - Hardin</u> ADDRESS	
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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.....

August Borcharding

Licensed Embalmer No. *4678*.....

P. O. Address *Harding 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.