

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12976**  
Registrar's No. **30**

FILED MAR 16 1953

REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4496**

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Shelby</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>Shelby</b> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbyville</b>  |  | c. LENGTH OF STAY (In this place) <b>Life</b>   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbyville</b>                                      |   | 1020  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>✓</b>   |  |   | d. STREET ADDRESS (If rural, give location) <b>0</b>   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Billie</b> b. (Middle) <b>Catherine</b> c. (Last) <b>Bondles</b>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>Mar- 4 1953</b>   |   |   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>                   | 8. DATE OF BIRTH <b>Oct 10 - 1864</b>  | 9. AGE (In years last birthday) <b>88</b> | IF UNDER 1 YEAR: Months <b>4</b> Days <b>14</b>                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>                                      | 11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Mo</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |
| 13a. FATHER'S NAME <b>John Thomas</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Juliet Flannet Buchanan</b>                                |  | 14. NAME OF HUSBAND OR WIFE <b>Wm. L.</b> |   |
| 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. <b>✓</b>   | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucie Logan</b> ADDRESS <b>Shelbyville Mo</b> |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                            | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial degeneration</b><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>Cerebral Sclerosis</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b><br><b>?</b>                            |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION <b>4221</b>   |   |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) (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 <b>Jan 21</b> , 1953, to <b>Feb 4</b> , 1953 that I last saw the deceased alive on <b>Feb 28</b> , 1953 and that death occurred at <b>11:45</b> m., from the causes and on the date stated above. |  |   |  |   |   |
| 23a. SIGNATURE <b>P. G. Beecher M.D.</b> (Degree or title)   |  | 23b. ADDRESS <b>Shelbyville Mo</b>  |  | 23c. DATE SIGNED <b>3-7-53</b>            |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>Mar-6-1953</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Looney Creek Cemetery</b>                         | 24d. LOCATION (City, town, or county) (State) <b>Shelby County Mo</b>  |   |   |
| DATE REC'D BY LOCAL REG. <b>3-10-53</b>  | REGISTRAR'S SIGNATURE <b>Ada Garrison</b> <b>418</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>E. P. Thompson</b> ADDRESS <b>Shelbyville Mo</b>    |  |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....*Myself*.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....*E. C. Ph...*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville, 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.