No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17269

State File No.

FILED MAY 27 1953 BIRTH NO. REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 2069 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: CAMDEN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MACKS CREEK
c. LENGTH OF STAY (in this place): Life
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: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macks Creek
d. STREET ADDRESS (If rural, give location): 0150

3. NAME OF DECEASED (Type or Print)
a. (First): ERVIN
b. (Middle): FRANKLIN
c. (Last): BONNER

4. DATE OF DEATH (Month) (Day) (Year): 5-20-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-13-1894
9. AGE (In years last birthday): 58 | 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): Garage his own
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. S. Bonner
13b. MOTHER'S MAIDEN NAME: Mollie Jacobs
14. NAME OF HUSBAND OR WIFE: Flora

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.: 487-24-1342
17. INFORMANT'S SIGNATURE OR NAME: Flora Bonner
ADDRESS: Macks Creek 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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
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: 4207
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dead on arrival, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry M. Griffith (Degree or title): M.D.
23b. ADDRESS: Lamdenton Mo
23c. DATE SIGNED: 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-24 1953
24c. NAME OF CEMETERY OR CREMATORY: Macks Creek
24d. LOCATION (City, town, or county): Macks Creek (State): Mo

DATE REC'D BY LOCAL REG.: 5-20-53
REGISTRAR'S SIGNATURE: Alda R. Eldred 484
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Jones
ADDRESS: Buffalo Mo

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2508

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.