

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21944
RECEIVED
State File No. 03V13934
Registrar's No. 92

FILED JUN 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5579</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Merueral</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u> OR TOWN <u>0495</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co. T. & N. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Box 138 Route 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Bonebrake</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1953</u>			
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>April 7, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crown Drug Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pineville, Mo. 0</u>		
13a. FATHER'S NAME <u>Cornelius Bonebrake</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Stafford</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Bonebrake</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Bonebrake, Rt 1, Box 138</u> ADDRESS _____		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Atherosclerotic Heart Disease</u> 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 <u>Pulmonary Tuberculosis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 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) <u>4200 A</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>6/11</u> , 19 <u>53</u> , to <u>6/14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/13</u> , 19 <u>53</u> and that death occurred at <u>2</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Miss E. Douglas M.D.</u> (Degree or title)		23b. ADDRESS <u>Hubb City, Mo.</u>		23c. DATE SIGNED <u>6/14/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pineville</u>		
24d. LOCATION (City, town, or county) (State) <u>Pineville, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-15-53</u>				
REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		474		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker</u> ADDRESS <u>Monticny, Joplin, Mo.</u>		

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

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RECEIVED 6-22-53
Jasper County Health Office

County File Number 53-6-521
Date Filed 6-22-53

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. 446

working under my personal supervision.

Student John D. Parker
Student Embalmer

Signed F. M. Jones
Licensed Embalmer No. 2319

P. O. Address Joplin 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.