

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41896

FILED NOV 17 1953

State File No. 622 Registrar's No. 22

BIRTH NO.		REG. DIST. NO. 359		PRIMARY REG. DIST. NO. 4527		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bronaugh (Rural)		c. LENGTH OF STAY (in this place) 23 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bronaugh (Rural)		d. STREET ADDRESS (If rural, give location) Moundville Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moundville Township				d. STREET ADDRESS (If rural, give location) Moundville Township			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Vernon c. (Last) Bonnett			4. DATE OF DEATH (Month) (Day) (Year) November 1 1953				
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 14 1900	
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Own farm			11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Marshall E. Bonnett			13b. MOTHER'S MAIDEN NAME Annie Jones		14. NAME OF HUSBAND OR WIFE Anna Bonnett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 509-18-7192		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Bonnett ADDRESS Bronaugh, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) healingant melanoma of left arm with metastases					1 1/2 months
		ANTECEDENT CAUSES DUE TO (b) 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"/>
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 Nov 18 , 1952, to Nov 1 , 1953, that I last saw the deceased alive on Sept 2 , 1953, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Royal Pearson (Degree or title)			23b. ADDRESS Nevada		23c. DATE SIGNED 11/2/53		
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Nov. 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		24d. LOCATION (City, town, or county) (State) Nevada Missouri	
DATE REC'D BY LOCAL REG. 11-9-53		REGISTRAR'S SIGNATURE W. P. ...		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Nevada, Mo.			

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

NOV 24

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.....

L. Ingles Ferry

Student Embalmer No. 492

working under my personal supervision.

Student *L. Ingles Ferry*
Student Embalmer

Signed

L. Ingles Ferry

Licensed Embalmer No. 1960

P. O. Address Nevada, Missouri

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.