

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42778**
6071

FILED JAN 14 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (If in institution) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3508	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3408 Charlotte				d. STREET ADDRESS (If rural, give location) 50 3408 Charlotte			
3. NAME OF DECEASED (Type or Print) a. (First) Era		b. (Middle) -		c. (Last) BOND		4. DATE OF DEATH (Month) (Day) (Year) December, 24, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 14, 1865	9. AGE (In years last birthday) 88	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) Real Estate Broker		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) - , Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bessie R. Bond			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-05-7904		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Bond 3408 Charlotte K. C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Debility 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. Diabetes				INTERVAL BETWEEN ONSET AND DEATH 260X 25 1/2	
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)		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>July</u> , 19 <u>51</u> , to <u>Dec-24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>53</u> , and that death occurred at <u>7:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Gertrude Stephens</u> (Degree or title) <u>Gertrude Stephens</u>				23b. ADDRESS <u>1103 E. Armore Blvd</u>		23c. DATE SIGNED <u>12-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-28-53		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 12-27-53		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar K.C. Mo.</u>			

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

Bond

*Dr. Gertrude Stevens
3422 Hay Island*

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

Malvin Barteau

Licensed Embalmer No. _____

4903

P. O. Address _____

Remo

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.