

FILED DEC 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. **44015**

BIRTH NO. **134** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **444**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bonne Terre, Mo.</b>		c. LENGTH OF STAY (In this place) <b>50yrs</b>	c. CITY OR TOWN <b>Desloge</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre, Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>South Main Street</b>		<b>0940</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Evan</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Bone</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15, 1953</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 4, 1875</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR <b>7</b> MONTHS	IF UNDER 24 HRS. <b>11</b> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. City Marshal</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Desloge</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stoney Point, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Charles Firmin Bone</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Turpin</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Bone</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>486-18-4971</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Grace Bone</b>		ADDRESS <b>Desloge, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2d</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>essential hypertension</b>		<b>2d</b>
	DUE TO (c) <b>atherosclerosis (general)</b>		
	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 <b>331x</b>		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 **12-13, 1953** to **12-15, 1953**, that I last saw the deceased alive on **12-14, 1953**, and that death occurred at **12:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. C. Ziegler M.D.</b>	23b. ADDRESS <b>Desloge, Mo.</b>	23c. DATE SIGNED <b>12-22-53</b>
---	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/17/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>K of P. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Francois, Mo.</b>
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Dec. 23, 1953</b>	REGISTRAR'S SIGNATURE <b>Ether Redlog</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Z. Boyer &amp; Sons, Desloge, Mo.</b>	ADDRESS
--	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

0944

---

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.....  
Signature of Student Embalmer

Signed *B. T. Bayler*.....

Licensed Embalmer No. *366*.....

P. O. Address *Neolog*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.