

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

**5309**

No. 300

10-48

**FILED MAR 15 1954**

|                                                                                                                                                                                                                                 |  |                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                 |  | REG. DIST. NO. <u>169</u>                                                                                             |  | PRIMARY REG. DIST. NO. <u>4258</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Registrar's No. <u>10</u>                                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>KNOX</u>                                                                                                                                                                                      |  |                                                                                                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>                                                                                                                                                                                                                                                                                                                                      |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>EDINA</u>                                                                                                                                    |  | c. LENGTH OF STAY (in this place)<br><u>FEW HOURS</u>                                                                 |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>EDINA</u>                                                                                                                                                                                                                                                                                                                                                                                 |  | c. 520                                                                              |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GIBSON HOSPITAL</u>                                                                                                                                                                  |  |                                                                                                                       |  | d. STREET ADDRESS (If rural, give location)<br><u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>JAMES</u>                                                                                                                                                                  |  | b. (Middle) <u>THOMAS</u>                                                                                             |  | c. (Last) <u>BONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MARCH 10 1954</u>                       |  |
| 5. SEX <u>M</u>                                                                                                                                                                                                                 |  | 6. COLOR OR RACE <u>W</u>                                                                                             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 8. DATE OF BIRTH<br><u>JULY 4 - 1881</u>                                            |  |
| 9. AGE (In years last birthday) <u>72</u>                                                                                                                                                                                       |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RETIRED DRAYMAN</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>DRAY</u>                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>EDINA, MO.</u>                |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                                                                                                                                                                      |  | 13a. FATHER'S NAME<br><u>T.M. Bone</u>                                                                                |  | 13b. MOTHER'S MAIDEN NAME<br><u>MARGARET WILSON</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 14. NAME OF HUSBAND OR WIFE<br><u>LAURA (SCHWARTZWELLER) Bone</u>                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>                                                                                                                                                      |  | 16. SOCIAL SECURITY NO. <u>0</u>                                                                                      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>MRS. TOM BONE EDINA, MO.</u>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  |                                                                                                                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>?</u><br>DUE TO (c) <u>?</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                     |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>7824</u>                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 20. AUTOPSY?<br>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 _____, 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 (Deputy or Title)<br><u>Marion R. Brown Knox County</u>                                                                                                                                                          |  |                                                                                                                       |  | 23b. ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 23c. DATE SIGNED<br><u>Mar 10 54</u>                                                |  |
| 24a. FUNERAL CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                                                                                                                                                                      |  | 24b. DATE<br><u>MARCH 13 1954</u>                                                                                     |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Joseph's New Catholic</u>                                                                                                                                                                                                                                                                                                                                                                                                       |  | 24d. LOCATION (City, town, or county) (State)<br><u>EDINA MO.</u>                   |  |
| DATE REC'D BY LOCAL REG.<br><u>Mar. 13-54</u>                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE<br><u>Helle S. Hunsolt</u>                                                                      |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Paul E. Kreighbaum</u>                                                                                                                                                                                                                                                                                                                                                                                                                |  | ADDRESS<br><u>Edina Mo.</u>                                                         |  |

(Licensed Embalmer's Statement on Reverse Side)

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

05209

**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

*Paul C. Kriegshauser*

Licensed Embalmer No. *4085*

P. O. Address *Edina 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.