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FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15049

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 473 PRIMARY REG. DIST. NO. 3007 Registrar's No. 323

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo.
b. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN Poplar Bluff

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hos p.

STREET ADDRESS (If rural, give location) 315 N. 10th St. 01240

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) W. c. (Last) Fonda

4. DATE OF DEATH (Month) (Day) (Year)
May 14, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 19, 1888

9. AGE (In years last birthday) 65
IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Council Bluffs, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Myrna Fonda

13b. MOTHER'S MAIDEN NAME Amelia Hackman

14. NAME OF HUSBAND OR WIFE Albertine Fonda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Albertine Fonda, Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerotic heart disease
DUE TO (c) General arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
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 4200

20. AUTOPSY? YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1954, to 5-14, 1954, that I last saw the deceased alive on 5-14, 1954, and that death occurred at 6:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Shardin Oldenrickson MD

23b. ADDRESS Poplar Bluff Mo

23c. DATE SIGNED 5-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-17-54

24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens

24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG 5/20/54

REGISTRAR'S SIGNATURE R N Wittlee

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Frank Cotrell Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 1954

JUN 21 1954

REC'D OF NDC

JUL 14 1954

JUN 9 1954

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..... *Glover W. Greer*

Licensed Embalmer No. 29
P. O. Address *Poplar Bl*

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.