

STANDARD CERTIFICATE OF DEATH

State File No. 32788 Registrar's No. 60

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6137

1. PLACE OF DEATH  
 a. COUNTY **Shelby County**  
 b. CITY (If outside corporate limits, write RURAL and give township) **Bethel, Rural**  
 c. LENGTH OF STAY (in this place) **Life**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **None**

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Shelby**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Bethel Rural**  
 d. STREET ADDRESS (If rural, give location) **Bethel Township**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **EMMA** b. (Middle) **H.** c. (Last) **BONNELL**

4. DATE OF DEATH (Month) (Day) (Year)  
**9-15-1954**

5. SEX **Female** 6. COLOR OR RACE **White**

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

8. DATE OF BIRTH **12-7-1866**

9. AGE (In years last birthday) **87**  
 If under 1 year: Months **9** Days **8**  
 If under 12 hrs. Hours **0** Min. **0**

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

10b. KIND OF BUSINESS OR INDUSTRY  
**Same**

11. BIRTHPLACE (State or foreign country)  
**Shelby Co., Mo.**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13a. FATHER'S NAME  
**Jonathan Latimer**

13b. MOTHER'S MAIDEN NAME  
**Martha Langford**

14. NAME OF HUSBAND OR WIFE  
**George Bonnell**

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.  
**X**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mrs. John Allen, Bethel, 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) **Cancer of the sigmoid**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Wide-spread Metastasis**  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**2 years**  
**3 months**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
**153X**

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)

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 **April, 1954**, to **Sept 15, 1954**, that I last saw the deceased alive on **Sept 13, 1954**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title)  
**Howard W. Cotton, D.O.**

23b. ADDRESS  
**Bethel, Mo.**

23c. DATE SIGNED  
**Sept. 16, 54**

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

24b. DATE  
**9-17-1954**

24c. NAME OF CEMETERY OR CREMATORY  
**Zion Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Bethel, Mo.**

DATE REC'D BY LOCAL REG.  
**9-18-54**

REGISTRAR'S SIGNATURE  
**Ada Harrison**

2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Barkelaw-Hawkins, Shelbina, Mo.**

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *W. H. Pines*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address *Stillburg 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.