

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41909

State File No. _____

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 464

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>Minutes</u>	c. CITY OR TOWN <u>Warsaw</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathnell Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>10 miles N. E. 1</u>		o. STREET ADDRESS (If rural, give location) <u>10 miles N. E. 1</u>	

3. NAME OF DECEASED (Type or Print) <u>BARBAR Lee BONNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 11, 1953</u>		9. AGE (In years last birthday) <u>1</u> <u>7</u> MONTHS <u>7</u> DAYS <u>7</u> HOURS <u>7</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Eliga Bonner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lee Talley</u>	

14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eliga Bonner</u> ADDRESS <u>Warsaw</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u>		DUE TO (c) <u>Epidemic virus infection</u>		4 days	
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 _____		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) <u>Warsaw Mo</u>	
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 Dec 19, 1954 to Dec 19, 1954 that I last saw the deceased alive on Dec 19, 1954, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Sussac Selby DO</u> (Degree or title)		23b. ADDRESS <u>Warsaw, Mo</u>		23c. DATE SIGNED <u>12/20/54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ballett Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Hillen</u> ADDRESS <u>Warsaw</u>		DATE REC'D BY LOCAL REG. <u>12-22-54</u> REGISTRAR'S SIGNATURE <u>Lavinia Coontz</u>	

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 *John A. Reese*.....
Licensed Embalmer No. *40*

P. O. Address *Wausau*.....

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.