

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

798
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 93

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| 1. PLACE OF DEATH a. COUNTY <u>Deane</u> <u>0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jacobs</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>18 days</u> | c. CITY OR TOWN <u>Phillipsburg</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u> | | STREET ADDRESS (If rural, give location) <u>2 miles East of Phillipsburg</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BASIL</u> | b. (Middle) <u>RAY</u> | c. (Last) <u>BAMMING</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1955</u> |
|--|------------------------|--------------------------|---|

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|--------------------|-------------------------------|---|--------------------------------------|----------------------------------|--------------------------------|--------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Oct 10, 1938</u> | 9. AGE (Last birthday) <u>16</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|----------------------------------|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fremont, Colo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Roy Bonning</u> | 13b. MOTHER'S MAIDEN NAME <u>Nellie Salomon</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Roy Bonning</u> | ADDRESS <u>Phillipsburg</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic lesions lungs</u> | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteogenic Sarcoma left humerus</u> | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>X</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from April, 1954, to Jan 29, 1955, that I last saw the deceased alive on Jan 29, 1955, and that death occurred at 6 p m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Daniel L Yancey M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Springfield Mo</u> | 23c. DATE SIGNED <u>JAN 31 1955</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>1-30-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u> | 24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>1-31-55</u> | REGISTRAR'S SIGNATURE <u>Paul Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer Funeral Home</u> | ADDRESS <u>Lebanon Mo</u> |
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WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lewis G. Schaff*.....

Licensed Embalmer No. *380*.....

P. O. Address *Springfield*.....

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.