

FILED MAY 18 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

15139

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>419</u>			
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>					
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place) <b>9 Hrs.</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHNS HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>2114 N. KANSAS</b> <span style="float: right;">0396</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) <b>CECIL</b> c. (Last) <b>DAVID BONE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 9, 1955</b>						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>SEPT. 6, 1939</b>			
9. AGE (In years last birthday) <b>15</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT IN SCHOOL</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>STUDENT</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>SPRINGFIELD, MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>EVERETT L. BONE</b>		13b. MOTHER'S MAIDEN NAME <b>BESSIE DOOLITTLE</b>		14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (unknown) (If yes, give war or dates of service)) <b>NO</b>		16. SOCIAL SECURITY NUMBER <b>490-40-7418</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EVERETT L. BONE SPFLD. MO.</b>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain injury</u>				DUE TO (b) <u>Skull fracture + Trauma</u>				<u>10 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>General Traumatic contusion</u>				<u>11 1/2</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Fracture dislocation of femur</u>				<u>10 hrs</u>	
19a. DATE OF OPERATION <u>5/8/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Epidural hematoma l; + Brain lacerations R.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>U.S. Highway #65</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Osht Christian Missouri</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 8, 1955 4:50P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile accident</b>					
22. I hereby certify that I attended the deceased from <u>5/8/</u> , 19 <u>55</u> , to <u>5/9/</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/8/</u> , 19 <u>55</u> , and that death occurred at <u>2:50A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward B. Hall M.D.</u>				23b. ADDRESS <u>1211 So. Belmont Springfield, Mo</u>		23c. DATE SIGNED <u>5/9/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 11, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <u>5-9-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner &amp; Co</u>		ADDRESS <b>Springfield, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No. .... working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed *Max Flors*.....  
Licensed Embalmer No. 40

P. O. Address *Pung*.....

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.