

FILED JUL 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19221

BIRTH NO. REG. DIST. NO. 4256 PRIMARY REG. DIST. NO. 4256 Registrar's No. 22

0510
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. CITY OR TOWN Holden	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 days		e. STREET ADDRESS (If rural, give location) 0510	
3. FULL NAME OF HOSPITAL OR INSTITUTION Holden Hospital & Clinic			

3. NAME OF DECEASED (Type or Print) a. (First) Beryl b. (Middle) Aubrey c. (Last) Bonewitz			4. DATE OF DEATH June, 26, 1955 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1877	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months 11 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier-Realtor		10b. KIND OF BUSINESS OR INDUSTRY Realtor		11. BIRTHPLACE (City and State or Foreign Country) Markle, Indiana	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William A. Bonewitz		13b. MOTHER'S MAIDEN NAME Christiann McFadden		14. NAME OF HUSBAND OR WIFE Cecelia Bickett Bonewitz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-38-7941		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecelia Bonewitz-Holden, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Ischemia		
	DUE TO (c) 4201		
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 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)	
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 Nov 14, 1941, to June 26, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE James S. Holmberg, D.O.		23b. ADDRESS Holden, Mo.		23c. DATE SIGNED 6/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 29, '55		24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	
24d. LOCATION (City, town, or county) Savannah, Missouri					

DATE REC'D BY LOCAL REG. 7-1-55		REGISTRAR'S SIGNATURE Miss H. V. Redford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Rapp Holden Mo	
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RECEIVED
JUL 5 1955
JOHNSON COUNTY HEALTH DEPARTMENT

JUL 12 1957

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 *Samuel B. Rapp*.....

Licensed Embalmer No. *404*.....

P. O. Address *Holden*.....

**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.**