

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29286

FILED OCT 3-1955

State File No. ....

3016

283

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u> days		c. CITY OR TOWN <u>Henley</u>		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 <u>806 Washington Street</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Route</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>ALONZO</u> c. (Last) <u>BOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28 '55</u>					
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>Dec 25 1907</u>		
9. AGE (In years last birthday) <u>47</u>		10. MONTHS <u>8</u>		11. DAYS <u>3</u>		12. IF UNDER 2 HRS. <u>-</u> IF UNDER 24 HRS. <u>-</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John W. Bond</u>			13b. MOTHER'S MAIDEN NAME <u>Cora Rowe</u>		14. NAME OF HUSBAND OR WIFE <u>Not married</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hattie Hale</u> ADDRESS <u>Jefferson City Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Hyper tension</u> <u>Arteriosclerosis</u> <u>Diabetes</u> 4201 DUE TO (b) _____ 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 <u>2 hrs</u> <u>6 yrs</u> <u>10 yrs</u> <u>20 yrs.</u>	
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) _____				
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 <u>Sept 28 1955</u> to <u>Sept 28 1955</u> , that I last saw the deceased alive on <u>Sept 28 1955</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Spencer Macaulay</u> (Degree or title) _____				23b. ADDRESS <u>2030 W. W. Early Jefferson City</u>		23c. DATE SIGNED <u>9-30-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 1st '55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring Garden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Spring Garden, Mo.</u>		
DATE REC'D BY LOCAL REG- <u>Sept 30-1955</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD JR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home J. C. M.</u> ADDRESS _____				

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.....  


Licensed Embalmer No. 46

P. O. Address Jcu

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.