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FILED OCT 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29412

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY FRANKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE MISSOURI b. COUNTY BOURBON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place) 4 WKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOURBON		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP			d. STREET ADDRESS (If rural, give location) R.R.		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HIRSH	b. (Middle) E.	c. (Last) BONE	(Month) OCT.	(Day) 1	(Year) 55

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 28, 1866	9. AGE (In years last birthday) 89	# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MULBERRY GROVE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIAM BONE	13b. MOTHER'S MAIDEN NAME SALLEY ELMORE	14. NAME OF HUSBAND OR WIFE EMINIA TYNER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MURTEL BONE	ADDRESS BOURBON, MO
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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		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) General atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric fracture of rt. femur			H201F

19a. DATE OF OPERATION 9/5/55	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture of femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **9/3**, 19**55**, to **10/1**, 19**55**, that I last saw the deceased alive on **9/30**, 19**55**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John J. de la Cruz	(Degree or title)	23b. ADDRESS Sullivan, Mo	23c. DATE SIGNED 10/5/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-3-55	24c. NAME OF CEMETERY OR CREMATORY MARONA	24d. LOCATION (City, town, or county); (State) GOLTRU, MO
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DATE REC'D BY LOCAL REG. 10/3/55	REGISTRAR'S SIGNATURE F. E. Wickham	25. FUNERAL DIRECTOR'S SIGNATURE H. M. Eaton	ADDRESS Sullivan, Mo
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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.

Signed _____

J. A. Humphrey

Signed _____

Student Embalmer

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, Mo.*

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 this body is not embalmed, fact should be so stated above.