

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43291**
5742 Registrar's No. **5742**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002	
1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY)		c. LENGTH OF STAY (in this place) 18 YRS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No. 2728	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSP. #1			STREET ADDRESS (If rural, give location) 111 W. 9th Room #27		
3. NAME OF DECEASED (Type or Print) a. (First) DONALD		b. (Middle) A.	c. (Last) BONELL	4. DATE OF DEATH (Month) (Day) (Year) 12-31-55	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH OCT. 24 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY Compagny Railroad	11. BIRTHPLACE (City and State or Foreign Country) NEW YORK, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME BONELL		13b. MOTHER'S MAIDEN NAME EDITH HOOKER	14. NAME OF HUSBAND OR WIFE RHOZELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WWI		16. SOCIAL SECURITY NO. 496-01-5085	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS RHOZELL BONELL 3030 HARRISON		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: fractured Rt elbow Rt leg		II. OTHER SIGNIFICANT CONDITIONS subarachnoid hemorrhage			99026 45
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. At ankle for ribs & transverse processes lumbar spine			DUE TO (b)
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Hotel	21c. (CITY, TOWN, OR TOWNSHIP) 22 Kansas City (COUNTY) Jackson (STATE) MO	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-30-55	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell out of window 3 stories			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner			23b. ADDRESS 1024 Briarcliff Bldg		23c. DATE SIGNED 12-31-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 2	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL	24d. LOCATION (City, town, or county) (State) 580416 MO	
DATE REC'D BY LOCAL REG. 1-1-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PASSANTINO BROS KC MO	

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 *Leonard Passantino*

Licensed Embalmer No. *45*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.