

FILED JUL 25 1956

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

24353

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 238

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Marion</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	a. STATE <u>Missouri</u>	b. COUNTY <u>Ralls</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Spencer Township</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>St Elizabeth's Hospital</u>	Length of stay in 1b	d. STREET ADDRESS <u>9 miles N Vandalia</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Herman</u>	Middle <u>Leslie</u>	Last <u>Bontz</u>	4. DATE OF DEATH	Month <u>July</u>	Day <u>12</u>	Year <u>1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 6, 1909</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>	11. BIRTHPLACE (City and state or country) <u>Ralls County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13. FATHER'S NAME <u>Issac Bontz</u>	14. MOTHER'S MAIDEN NAME <u>Addie Weaver</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-28-1798</u>	17. INFORMANT <u>Willie Fay Bontz, Vandalia, Mo.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>AdenoCARCINOMA Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>with widespread ABDOMINAL</u>	
	DUE TO (c) <u>Metastases</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour <u>12:00</u> Month <u>July</u> Day <u>12</u> Year <u>1956</u> a. m. <u>AM</u> p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Vandalia, Mo.</u>	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Vandalia, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from <u>Mar 10, 55</u> to <u>July 12, 1956</u> and last saw her/him alive on <u>July 12, 1956</u> Death occurred at <u>12:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Evan Phoenix MD</u>	22b. ADDRESS <u>Vandalia, Mo.</u>	22c. DATE SIGNED <u>7/13/56</u>
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23a. BURIAL, CREMATION, REMOVAL, OR DISPOSITION <u>Burial</u>	23b. DATE <u>July 14, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
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24. FUNERAL DIRECTOR <u>William B Waters</u>	ADDRESS <u>Vandalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 17-1956</u>	26. REGISTRAR'S SIGNATURE <u>Stem Lucke By A C Fisher</u>
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(Licensed Embolmer's Statement on Reverse Side)

Health,
Welfare
Public
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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300
1-56

RECEIVED JUL 24 1958
MARION CO. HEALTH DEPT.
DATE FILED JUL 24 1958

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 *William B. Water*

Licensed Embalmer No. *416*

P. O. Address *Dandale*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.