

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34496**

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Carthage	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) 1 yr		e. STREET ADDRESS (If rural, give location) 1102 1/2 S. Maple St. 0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1102 1/2 S. Maple			

3. NAME OF DECEASED (Type or Print) a. (First) KENNETH b. (Middle) RALPH c. (Last) BONAR			4. DATE OF DEATH (Month) (Day) (Year) Sept 29, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	8. DATE OF BIRTH Feb 19, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Freedom, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George N. Bonar	13b. MOTHER'S MAIDEN NAME Minnie Strause	14. NAME OF HUSBAND OR WIFE Bessie Woodring Bonar
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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. 486-36-1813	17. INFORMANT'S SIGNATURE OR NAME Mrs. K.R. Bonar	ADDRESS 1102 1/2 Maple Carthage
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Minutes 2-3 years 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Coronary arteriosclerosis rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus. Amputation both lower extremities due to arteriosclerosis gangrene			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 4201
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?

22. I hereby certify that I attended the deceased from 6/16, 1954, to 9/29, 1956, that I last saw the deceased alive on 9/28, 1956, and that death occurred at 11:05a., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS Carthage, Missouri	23c. DATE SIGNED 10/1/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 2, 1956	24c. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery	24d. LOCATION (City, town, or county) (State) Knobnoster, Mo.
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DATE REC'D BY LOCAL REG. 10-2-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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8961 21 130

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..... *D. L. Isbell*

Licensed Embalmer No. 4970

P. O. Address *Cothage*

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.