

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1956

State File No. 34952

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 403	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. LENGTH OF STAY (in this place) <i>2 Weeks</i>		c. CITY OR TOWN <i>Sedalia</i>		d. 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: <i>Bothwell Hosp.</i>				e. STREET ADDRESS (If rural, give location) <i>608 So. Lamine</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Richard</i> b. (Middle) <i>John</i> c. (Last) <i>Bonorden</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 6, 1956</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Oct. 19, 1886</i>	
9. AGE (in years last birthday) <i>70</i>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Banana Messenger</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>United Fruit Co</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Iowa City, Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Herman Bonorden</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Lola M. Bonorden</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>487-05-2693</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Lola M. Bonorden - Sedalia</i>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Haemorrhage, 3 days</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension - Chronic</i>					
		DUE TO (c) <i>Chronic Sclerotic - Chronic</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Bronchitis - Chronic</i>					
19a. DATE OF OPERATION <i>X</i>		19b. MAJOR FINDINGS OF OPERATION <i>X</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>X</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>X</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>X</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>X</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>X</i>			
22. I hereby certify that I attended the deceased from <i>11/2, 1956</i> , to <i>11/6, 1956</i> , that I last saw the deceased alive on <i>11/2, 1956</i> , and that death occurred at <i>12:30 a. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Wesley Keener MD</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>Sedalia Mo</i>		23c. DATE SIGNED <i>11/6/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov. 8, 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>		24d. LOCATION (City, town, or county) (State) <i>Sedalia Sh. James, Mo</i>	
DATE REC'D BY LOCAL REG. <i>11-6-56</i>		REGISTRAR'S SIGNATURE <i>Laura County, Opal McLaughlin</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Broas Sedalia Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 23 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..... *KPM Leary*

Licensed Embalmer No..... *315*

P. O. Address..... *Sedalia, 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.