FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44682

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5585

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) OSTEOPATHIC Hosp. — Length of stay in 1b 48 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3022 PARK — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SYDNEY Middle T Last BOND

4. DATE OF DEATH Month DECEMBER Day 24 Year 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH AUG. 30, 1886
9. AGE (In years last birthday) 70 — 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) PIPEFITTER - Ret. 8 yrs.
10b. KIND OF BUSINESS OR INDUSTRY SWIFT & CO
11. BIRTHPLACE (City and state or country) MILLER CO., MO.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME THOMAS BOND
14. MOTHER'S MAIDEN NAME SARAH BROCKMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) ***
16. SOCIAL SECURITY NO. 500-03-8265
17. INFORMANT DASEY J. BOND, Address 3022 PARK

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive decompensated myocard — Many years
DUE TO (c) it is. Ancient rhematic fever — 415X
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1948, to Dec. 24, 1956 and last saw ~~her~~ him alive on Dec. 24, 1956
Death occurred at 11 45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. Raymond Hall, D.O.
22b. ADDRESS 926 E. 11th St. K.C. Mo
22c. DATE SIGNED 12/25/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE DEC. 26, 1956
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

24. FUNERAL DIRECTOR ADDRESS MELLODY-McGILLEY-EYLAR, K.C., MO
25. DATE RECD. BY LOCAL REG. 12-25-56
26. REGISTRAR'S SIGNATURE Nevar Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. Raymond Hall

Dr. Raymond Hall

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Arthur Eugene Kook

Licensed Embalmer No. 49

P. O. Address K.C. M

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.