

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JAN 22 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 5

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital Length of stay in 1b 3 1/2 yrs.
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Johnson
 c. CITY OR TOWN Holden 05 Inside Limits Yes No
 d. STREET ADDRESS 506 Niagara (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) LESLIE - WILLIAM - BOND
 4. DATE OF DEATH Jan 17, 1957
 5. SEX male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
 8. DATE OF BIRTH June 29, 1886 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months 6 Days 2 IF UNDER 24 HRS.: Hours - Min. -
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Holden, Johnson Co Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.
 13. FATHER'S NAME Felix Wm Bond 14. MOTHER'S MAIDEN NAME Pauline Hunt
 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. unknown 17. INFORMANT Records State Hosp 3 Nevada Mo

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hypertensive Heart Disease
 DUE TO (b) Hypertension
 DUE TO (c) Arteriosclerosis
 INTERVAL BETWEEN ONSET AND DEATH several years
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) with Psychosis

19. WAS AUTOPSY PERFORMED? YES NO
 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 4:00 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 April 17/53 to Jan 17/57 and last saw her/him alive on Jan 17, 1957
 Death occurred at 10:10 A m on the 17 day stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title) Paul L Barone M.D. 22b. ADDRESS State Hospital 3 Nevada Mo 22c. DATE SIGNED Jan 17/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-19-1957 23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery 23d. LOCATION (City, town, or county) (State) Holden, Mo
 24. FUNERAL DIRECTOR ADDRESS E. B. Cant, Holden, Mo 25. DATE RECD. BY LOCAL REG. 1-17-1957 26. REGISTRAR'S SIGNATURE Anna E. Ferrys

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...diseases in Part I must be causally related. Caretaker cannot certify to a death due to natural causes.

Full

1st 1st & B...

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 *EJB*

Licensed Embalmer No. *40*

P. O. Address *Holden*

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.