

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5420**

FILED MAR 11 1957

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If investigation: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>52 yr</u>		c. CITY OR TOWN <u>Brookfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>321 Marcon</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) _____ c. (Last) <u>Bond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1957</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 28, 1980</u>		9. AGE (in years last birthday) <u>77</u> 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) <u>Dry Clean</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Triplet Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>	
13a. FATHER'S NAME <u>J. H. Bond</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Ebert</u>		14. NAME OF HUSBAND OR WIFE <u>Dora E Bond</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>494-32-5047</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora E Bond Brookfield Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intal obstruction of colon & prostate</u> DUE TO (c) <u>Excision of recto sigmoid 2 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>154X</u> <u>Brookfield MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>3-2</u> , 19 <u>57</u> , to <u>3-2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-2</u> , 19 <u>57</u> , and that death occurred at <u>9:45</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. B. Smith M.D.</u>				23b. ADDRESS <u>Brookfield MO</u>		23c. DATE SIGNED <u>3-4-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 5, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield MO</u>		
DATE REC'D BY LOCAL REG. <u>3-5-57</u>		REGISTRAR'S SIGNATURE <u>Rachel Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boudier Brookfield MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 12 1957

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 *James B. McChesney*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield*

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.