

path, Welfare public service  
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 1-56  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 79

STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1957

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 4410 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Union		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR STATE INSTITUTION State Federal Soldiers Home		Length of stay in lb 14 days		d. STREET ADDRESS (If outside, give location) North Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES M. BONE				4. DATE OF DEATH Month Day Year Feb. 28 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 18 1896		9. AGE (In years last birthday) 60	10. IF UNDER 1 YEAR Months Days Hours Min. 4 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and state or country) Mulberry Grove Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James E. Bone				14. MOTHER'S MAIDEN NAME Sera Adcock			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. One		16. SOCIAL SECURITY NO. 489-16-5730		17. INFORMANT Address Freida Bone Union, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of the stomach</i> DUE TO (b) <i>Metastasis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH 151X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2				
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Union, Franklin, Mo.		STATE	
21. I attended the deceased from Feb. 13-57 to Feb. 28-57 and last saw him alive on Feb. 27-57. Death occurred at 1:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or title) J. Grosskreutz, M.D.				22b. ADDRESS St. James, Mo.		22c. DATE SIGNED 2-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 2 57	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Lutheran		23d. LOCATION (City, town, or county) (State) Union, Franklin, Mo.		
24. FUNERAL DIRECTOR Ralph Ottmann Union, Mo			25. DATE RECD. BY LOCAL REG. Feb. 28 1957		26. REGISTRAR'S SIGNATURE Ruth P. Powell		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

Phelps County Health Officer,

County File Number 664

Date Filed MAR 6 1957

MAR 20 1957

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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 Ralph Ottmann .....

Licensed Embalmer No. 486

P. O. Address Union, Mo.

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.