

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9441

FILED MAR 25 1957

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 16

Health,  
Welfare  
Public  
Service

300-  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission)			
a. COUNTY Mississippi		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ohio <i>Twisp</i>		c. CITY OR TOWN Route 3 Charleston		a. STATE Missouri b. COUNTY Mississippi	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3 Charleston		Length of stay in lb 76Yrs		d. STREET ADDRESS (If outside, give location) Route 3 Charleston		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Rebecca		Middle Ann		Last Bonnefon		Month Day Year 2/7/57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1875		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Day Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Meade County, Ky. 1		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME John Allen				14. MOTHER'S MAIDEN NAME Catherine Riddle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr. C.E. Bonnefon, Charleston, 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) <i>The family of deceased indicated she suffered a heart condition. No physician was in attendance.</i> DUE TO (b) <i>Debt was apparently due to natural causes.</i> DUE TO (c) <i>Debt was apparently due to natural causes.</i> 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	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
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		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:00 P</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Donald B. Hadlock, Local Registrar</i>				22b. ADDRESS Charleston, Mo.		22c. DATE SIGNED 3-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/9/57		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Mo.	
24. FUNERAL DIRECTOR <i>John J. Nunnelee</i>		ADDRESS The Nunnelee Funeral Chapel		25. DATE RECD. BY LOCAL REG. 2-21-57		26. REGISTRAR'S SIGNATURE <i>Donald B. Hadlock</i>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Miss. Co. Health

County File No. \_\_\_\_\_

Date Filed 3-2

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 John F. D. Funnelle Jr.

Licensed Embalmer No. 3857

P. O. Address Charlotte

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.