

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 0 1 7

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>261</u>		PRIMARY REG. DIST. NO. <u>4371</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>			
b. CITY. (If outside corporate limits, write RURAL and give township) <u>ELMO</u>		c. LENGTH OF STAY (in this place) <u>1 DA</u>		c. CITY OR TOWN <u>BURLINGTON JCT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FORD HOSPITAL</u>				e. STREET ADDRESS <u>0740</u> (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>BONNIE LYNN</u> b. (Middle) _____ c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 1957</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DECEMBER 27, 1917</u>		9. AGE (In years last birthday) <u>9</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>BURLINGTON JCT MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>MASON JONES</u>		13b. MOTHER'S MAIDEN NAME <u>LUCILLE YATES</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE AND NAME <u>MRS LUCILLE JONES BURLINGTON JCT 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>Basal Obstruction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Unknown - Intussusception?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5700</u>				20. AUTOPSY? <u>1</u> YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>May 20, 1957</u> , to <u>May 26, 1957</u> , that I last saw the deceased alive on <u>May 26, 1957</u> , and that death occurred at <u>1:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harwin Ford M.D.</u>				23b. ADDRESS <u>Elmo</u>		23c. DATE SIGNED <u>June 25 1957</u>	
24a. METHOD OF CREMATION REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>5-27-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Burlington Jct Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-14-57</u>		REGISTRAR'S SIGNATURE <u>Beas / Goll.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>John Burr Jct Mo</u>			

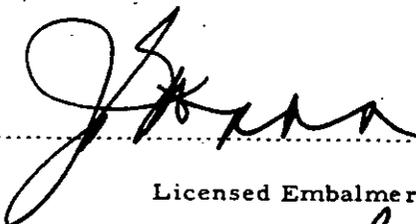
(Licensed Embalmer's Statement on Reverse Side)

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

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 
Licensed Embalmer No. 294
P. O. Address Burl, Ia

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.