

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32426**

FILED SEP 30 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **5591** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>JEFF</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>VICTORIA (RURAL CENTRAL) 11YS</b>		c. CITY OR TOWN <b>VICTORIA</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 Mi. E. OF VICTORIA</b>		e. STREET ADDRESS (If rural, give location) <b>RURAL 1 MI. E. OF VICTORIA 0500.0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>CHESTER</b> c. (Last) <b>BONNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 15 1957</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR. 29 1885</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHIPPING CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INT. SHOE CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>FRANK C. BONNER</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE JOHNSTON</b>		14. NAME OF HUSBAND OR WIFE <b>MARY BONNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-07-8292</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARY BONNER FESTUS MO, RT. 3</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b> Pernicious Anemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 to 18 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>General Infirmitiee</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>290.0</b>		20. AUTOPSY? <b>2</b> 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) (Min)	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 **Apr 18, 1946** to **Sept 15, 1957**, that I last saw the deceased alive on **Sept 10, 1957**, and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles E. Faller M.D.</b>		23b. ADDRESS <b>Desoto Mo</b>		23c. DATE SIGNED <b>9-17-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT 18 57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HILLSBORO</b>	24d. LOCATION (City, town, or county) (State) <b>HILLSBORO MO</b>	
DATE REC'D BY LOCAL REG. <b>9-19-57</b>		REGISTRAR'S SIGNATURE <b>John D. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Donald B. ...</b>

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP. 27 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 *J. B. Suter*.....

Licensed Embalmer No. *4104*

P. O. Address *St. Louis, Mo.*

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.