

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037086

STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 200 Primary Registration District No. 5736 Registrar's No. 95

Health,  
Welfare  
Public  
Service

300  
1-56  
66103

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. X  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lyda Township</b>		c. CITY OR TOWN <b>ATLANTA</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <b>William</b> First <b>Bonnett</b> Middle Last		4. DATE OF DEATH <b>10-6-1958</b> Month Day Year	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 12-1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		100. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	
13. FATHER'S NAME <b>UNKNOWN</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
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. <b>498-40-1269</b>	
17. INFORMANT <b>Mrs. Edwin Rhoades</b> Address <b>Atlanta, Mo.</b>		11. BIRTHPLACE (City and state or country) <b>MARION Co. - IOWA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured Skull and</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Multiple Concussion of Brain</b> DUE TO (c) <b>Train Car Accident.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Pulled in front of Train</b>		20c. TIME OF INJURY <b>3:30 p.m. Oct 6/58</b> Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, for m., factory, street, office bldg., etc.) <b>R.R. Crossing</b>	
20f. CITY, TOWN, OR LOCATION <b>Atlanta</b> COUNTY <b>MACON</b> STATE <b>MO.</b>		21. I attended the deceased from <b>3:30 P.m.</b> to <b>3:30 P.m.</b> and last saw her/him alive on <b>Oct. 8, 1958</b>	
22a. SIGNATURE (Degree or title) <b>Lester Patton, Coroner</b>		22b. ADDRESS <b>Macdon</b>	
22c. DATE SIGNED <b>Oct. 8, 58</b>		23a. BURIAL, CREMATION, REINTERMENT <b>BURIAL</b>	
23b. DATE <b>10-8-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Shiloh</b>	
23d. LOCATION (City, town, or county) (State) <b>ATLANTA - MO.</b>		24. FUNERAL DIRECTOR <b>Theo H. Gooding - ATLANTA</b> ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>10/13/58</b>		26. REGISTRAR'S SIGNATURE <b>Wm M. Weely</b>	

County \_\_\_\_\_  
Date Filed 10/21/58

**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 Theo H Goodding

Licensed Embalmer No. 39

P. O. Address Atlanta

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.