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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037202
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 236 Primary Registration District No. 94350 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Syracuse — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: No street numbers — Length of stay in 1b: 27years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Morgan
c. CITY OR TOWN: Syracuse — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): No street numbers — Reside on Farm: Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print): First: May — Middle: — Last: Bonney
4. DATE OF DEATH: Month October, Day 12, Year 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June, 11, 1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): California, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Tom Griner
13b. MOTHER'S MAIDEN NAME: Betty Reed
14. NAME OF HUSBAND OR WIFE: Ottoe Bonney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ottoe Bonney (Husband) Address: Syracuse, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized Arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1956, to 10-12-58 and last saw her alive on 10-11-58
Death occurred at 4 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ray Tyle (Degree or title) M.D. 0
22b. ADDRESS: Versailles, Mo.
22c. DATE SIGNED: 10-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 15, 1958
23c. NAME OF CEMETERY OR CREMATORY: Syracuse Cemetery
23d. LOCATION (City, town, or county) (State): Syracuse, Missouri
24. FUNERAL DIRECTOR: Jewell E. Richards — ADDRESS: Tipton, Mo
25. DATE RECD. BY LOCAL REG.: 10-14-58
26. REGISTRAR'S SIGNATURE: J. L. Wash
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 James E. Richard

Licensed Embalmer No. 2464

P. O. Address Tipton,

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.