

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047188

STATE FILE NUMBER

FILED FEB 11 1958

Registration District No. 195

Primary Registration District No. -

Registrar's No. 8-59

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  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>McDonald</b>			
b. CITY OR TOWN <b>PINEVILLE</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>PINEVILLE</b> 6600 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b> Length of stay in lb <b>65 YR</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>HARVEY</b> Middle <b>Elca</b> Last <b>BONEBRAKE</b>			4. DATE OF DEATH Month <b>12</b> - Day <b>10</b> - Year <b>1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-8-1891</b>		
9. AGE (In years last birthday) <b>67</b>		10. FUNDER YEAR Months <b>12</b> Days <b>12</b> Hours <b>0</b> Min. <b>0</b>	11. IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>	11. BIRTHPLACE (City and state or country) <b>PINEVILLE</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ISERAH BONEBRAKE</b>			
13b. MOTHER'S MAIDEN NAME <b>MARY PAYTON</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <b>YES W.W.I.</b>		16. SOCIAL SECURITY NO. <b>4201</b>			
17. INFORMANT <b>MRS JESS WALKER</b> Address <b>PINEVILLE, Mo.</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>Coronary Occlusion (Probable)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Investigated by R.M. Humphrey Jr. Coroner of McDonald County</b> DUE TO (c) <b>R.M. Humphrey Jr.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Unattended</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12-15-58</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>By a Physician</b>			
20c. TIME OF INJURY Hour <b>8:30</b> a.m. <b>A</b> Month, Day, Year		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, etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Pineville, Mo.</b> COUNTY <b>McDonald</b> STATE <b>Mo.</b>			
21. I attended the deceased from <b>8:30 A</b> to <b>8:30 A</b> and last saw her/him alive on <b>12-15-58</b> Death occurred at <b>Home</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>R.M. Humphrey Jr. Coroner</b> 22b. ADDRESS <b>Pineville, Mo.</b> 22c. DATE SIGNED <b>12-15-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-12-58</b>			
23c. NAME OF CEMETERY OR CREMATORY <b>JEHT-NOEH CEM</b>		23d. LOCATION (City, town, or county) (State) <b>Noeh, Mo RT. 2</b>			
24. FUNERAL DIRECTOR <b>HUMPHREY + SON</b> ADDRESS <b>Home</b>		25. DATE RECD. BY LOCAL REG. <b>1-30-59</b>			
26. REGISTRAR'S SIGNATURE <b>Mary A. Bradley</b>					

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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 *Mayne E. Humphreys*

Licensed Embalmer No. *4262*

P. O. Address *Piscataway, N.J.*

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.