

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018115

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 278

300
-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GALENA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 820 Short St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES LeRoy BOND			4. DATE OF DEATH Month Day Year MAY 26 1959
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-8-1891
9. AGE (In years last birthday) 67		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) Smelterman		10b. KIND OF BUSINESS OR INDUSTRY Pb & Zn Smelter	11. BIRTHPLACE (City and state or country) MORGAN Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William MARTIN BOND	
13b. MOTHER'S MAIDEN NAME EVA J. CARPENTER		14. NAME OF HUSBAND OR WIFE ETHEL Downing BOND	
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. 509097457	
17. INFORMANT Georgia S. Moore		Address Fairland Oklahoma	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Edema			48 hr
DUE TO (c) Myocardial Failure			72 hr.
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION GALENA		COUNTY STATE KANSAS	
21. I attended the deceased from 5/24/59 to 5/26/59 and last saw him alive on 5/26/59 Death occurred at 9:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul H. Grubb M.D. (Degree or title)		22b. ADDRESS Galena Kansas	
22c. DATE SIGNED 5/26/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-28-59	
23c. NAME OF CEMETERY OR CREMATORY GALENA		23d. LOCATION (City, town, or county) (State) GALENA KANSAS	
24. FUNERAL DIRECTOR Roy S. Seifelt ADDRESS Galena, Kan.		25. DATE RECD. BY LOCAL REG. 5-28-1959	
26. REGISTRAR'S SIGNATURE Novie Merriam			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 29 1959

JUN 26 1959

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, ~~by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Roy L. Wenzel*

Licensed Embalmer No. *4945*

P. O. Address *Galena Kansas*

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.