

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018312

FILED MAY 25 1959 Registration District No. 383 Primary Registration District No. 5655 STATE FILE NUMBER Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon, Mo.		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS 2347 Travis, S	
Length of stay in lb 16 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Gene Bonner			4. DATE OF DEATH May 16, 1959		
First		Middle		Last	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 5, 1897	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months	11. UNDER 24 HRS Days	12. Hours	13. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Houston, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Eugene B. Bonner, Sr.	13b. MOTHER'S MAIDEN NAME Jennie E. Huey	14. NAME OF HUSBAND OR WIFE Wilma Bonner
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown; if yes, give service details) yes, WW I, 40th, 137th, 35th Div.	16. SOCIAL SECURITY NO. 500-05-5008	17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary congestion, bilateral		5 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Alveolar cell carcinoma, right lung, with generalized metastasis	
	DUE TO (c)	
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 checked="" type="checkbox"/> NO <input 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.)
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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 COUNTY STATE
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21. I attended the deceased from April 30, 1959 to May 16, 1959 and last saw ^{xxx} him alive on May 16, 1959 Death occurred at 12:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE John W. Paul M.D. (Degree or title)	22b. ADDRESS Mt. Vernon, Mo.	22c. DATE SIGNED 5-18-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-16-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Springfield, Mo.
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24. FUNERAL DIRECTOR ADDRESS Klingner Funeral Home, Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 5-18-59	26. REGISTRAR'S SIGNATURE Cecil Handricks
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W.

MAY 25 1959

JUN 8 1959

JUN 8 1959

JUN 3 1958

JUN 3 1958

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 *Max L. Fossett*

Licensed Embalmer No. *4252*

P. O. Address *Wilmington*

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.