

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022187

FILED JUL 14 1959 210

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER 35

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harrison</u>		Length of stay in lb OR TOWN <u>1 1/2 hours</u>	c. CITY OR TOWN <u>Cainsville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles S. E. of Cainsville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Velva</u> Middle <u>Ross</u> Last <u>Bondurant</u>			4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-94</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Motor Car selling</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Riley Bondurant</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Griffin</u>	14. NAME OF HUSBAND OR WIFE <u>Neima Agnes Bondurant</u>
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-34-0820</u>	17. INFORMANT <u>Neima Agnes Bondurant, Cainsville, Mo.</u>
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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: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary arterio-sclerosis 2+ years</u>	
	DUE TO (c) <u>Generalized Arterio-sclerosis 2-5 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obesity and Hypertension</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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.) <u>No injury</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED <input checked="" type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no injury</u>	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from <u>April 2, 1957</u> to <u>June 25, 1959</u> and last saw him alive on <u>June 25, 1959</u> Death occurred at <u>9:30 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>William D. Bondurant</u> (Degree or title) <u>M. D.</u>	22b. ADDRESS <u>Cainsville, Mo.</u>	22c. DATE SIGNED <u>7-2-59</u>
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23. BURIAL CREATION, REMOVAL (Specify) <u>Byrial</u>	23b. DATE <u>July 4, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zoar Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cainsville, Mo.</u>
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24. EMBALMER'S SIGNATURE <u>[Signature]</u>	25. DATE RECD. BY LOCAL REG. <u>7-2-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

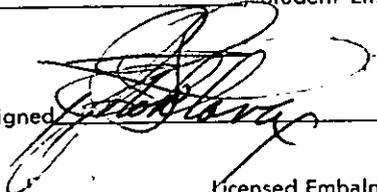
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

of NY Eddie J. Stoklasa Student Embalmer No. ---

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. 3602

P. O. Address Cainsville, Miss

5-2-5
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.