

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029529

FILED VS SEP 1 1959

157

3028

163

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION D.O.A. McCune Brooks Hosp		d. STREET ADDRESS (If outside, give location) 906 W. Chestnut	

3. NAME OF DECEASED (Type or print) First Raymond Middle H. Last Bonebrake			4. DATE OF DEATH Month Aug. Day 19 Year 1959		
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 12-25-16	9. AGE (last birthday) 42	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Truck Company	11. BIRTHPLACE (City and state or country) Anderson, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME William Bonebrake	13b. MOTHER'S MAIDEN NAME Edna Christian	14. NAME OF HUSBAND OR WIFE Margaret Barron
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes	16. SOCIAL SECURITY NO. W. W. # 2 496-07-2746	17. INFORMANT Mrs. R. H. Bonebrake, Carthage, 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: IMMEDIATE CAUSE (a) Probable coronary Deceased stopped his truck at roadside - collapsed as he was alighting - instructed ambulance driver take him to Carthage - lapsed into coma while attempting to give his doctor's name.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m.	Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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

21. I attended the deceased from **did not attend** and last saw her/him alive on _____
Death occurred at **4:50 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Elm Clinton, Local Registrar	22b. ADDRESS 1238 Grand, Carthage, Mo.	22c. DATE SIGNED 8-26-59
23a. BURIAL CREMATION, REMOVAL (Specify) burial	23b. DATE 8-23-59	23c. NAME OF CEMETERY OR CREMATORY Anderson
23d. LOCATION (City, town, or county) Anderson, Mo.		

24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.	25. DATE RECD. BY LOCAL REG. 8-21-59	26. REGISTRAR'S SIGNATURE Elm Clinton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 1959

JAN 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Edwin S. [Signature]*

Licensed Embalmer No. 4953

P. O. Address *[Signature]*

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.