Health, & Welfare Public Service

S. 300 1-57

FILED VS OCT 6 1959

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-032751

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 468

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Joplin — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Freeman Hospital — Length of stay in 1b 14 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Cherokee
c. CITY OR TOWN Galena — Inside Limits Yes [X] No [ ]
STREET ADDRESS (If outside, give location) 2209½ Main St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Glenn Middle Dale Last Bonner
4. DATE OF DEATH Month Oct. Day 2 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 18, 1905
9. AGE (In years last birthday) 53 yrs. — 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) Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Bolivar, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Emmett Bonner
13b. MOTHER'S MAIDEN NAME Mary Cox
14. NAME OF HUSBAND OR WIFE Zelma Bonner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 440-03-8322
17. INFORMANT Zelma Bonner Address Galena, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Thyroid with Metastasis — INTERVAL BETWEEN ONSET AND DEATH 11 mo.
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) 194X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 28 Sept 59, to 2 Oct 59 and last saw ~~her~~ him alive on 1 Oct 59
Death occurred at — 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Powell (Degree or title) M D
22b. ADDRESS Galena Kans
22c. DATE SIGNED 2 Oct 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10/2/1959
23c. NAME OF CEMETERY OR CREMATORY LOWELL CEMETERY
23d. LOCATION (City, town, or county) (State) Cherokee County, Kansas

24. FUNERAL DIRECTOR Lloyd Kitch ADDRESS Galena, Kansas
25. DATE RECD. BY LOCAL REG. 10-2-1959
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

OCT 16 1959

OCT 13 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, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Harvey E. Arnee

Licensed Embalmer No. 4463

P. O. Address Joplin Me

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.