

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 5 2 1

FILED VS JAN - 7 1960 328

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3073 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SCOTT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		Length of stay in lb MINUTES	c. CITY OR TOWN CHAFFEE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHAFFEE CLINIC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 429 PARKER AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last PAMELA DENISE BONDS			4. DATE OF DEATH Month Day Year DEC. 24, 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH AUG. 5 1959	9. AGE (last birthday) —
				IF UNDER 1 YEAR Months 4 Days 19	IF UNDER 24 HR Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jimmie ORDALE BONDS		13b. MOTHER'S MAIDEN NAME MARY SYBILENE DOBAN		14. NAME OF HUSBAND OR WIFE DOES NOT APPLY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Jimmie O. BONDS, CHAFFEE, MO.		
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 91 minutes
IMMEDIATE CAUSE (a) Cerebral Concussion, Severe					
DUE TO (b) Fracture left clavicle					
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
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.) Auto Accident		
20c. TIME OF INJURY 4:00 p.m.	Month, Day, Year 12-24-59				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Chaffee-Delta Road (Old)	20f. CITY, TOWN, OR LOCATION 016	COUNTY Cape	STATE Missouri
21. I attended the deceased from 12/24/59 - 4:20 p.m. on 12/24/59 - 4:21 p.m. last saw her/him alive on 12/24/59 - 4:20 p.m. Death occurred at 4:21 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. H. Hehmer, D.O.			22b. ADDRESS Chaffee, Missouri		22c. DATE SIGNED 12/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		23d. LOCATION (City, town, or county) (State) (NEAR) ARBOR MISSOURI	
24. FUNERAL DIRECTOR Biplinghoff FUNERAL HOME - CHAFFEE, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-2-1960	26. REGISTRAR'S SIGNATURE Mrs. Fred Biplinghoff	

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jack T. Swinett

Licensed Embalmer No. 4473

P. O. Address Chaffee, M

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.