

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1960 178

=60-002382  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 12

<b>1. PLACE OF DEATH</b> a. COUNTY <b>LEWIS</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>LEWIS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LEWISTOWN</b>	Length of stay in 1b <b>8 yrs.</b>	c. CITY OR TOWN <b>LEWISTOWN</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>XXXXXXXXXXXXXXXXXXXX</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>XXXXXXXXXXXXXXXXXXXX</b>	

<b>3. NAME OF DECEASED</b> (Type or print) <b>LUCINDA</b> <sup>First</sup> <b>VIRGINIA</b> <sup>Middle</sup> <b>BONDURANT</b> <sup>Last</sup>	<b>4. DATE OF DEATH</b> Month <b>FEBRUARY</b> Day <b>1</b> Year <b>1960</b>
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<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>10/16/67</b>	<b>9. AGE (last birthday)</b> <b>92</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done in usual or normal life, even if retired) <b>HOUSEWIFE</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>XXXXXXXXXXXX</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>KNOX COUNTY, MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>WILLIAM G. BONDURANT</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>LUCINDA WASHBURN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>MARVIN BONDURANT</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <b>XXXXXXXXXXXX</b>	<b>17. INFORMANT</b> <b>MRS. LEONA FISHER, LA BELLE, MO.</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro Vascular Accident</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
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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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>
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<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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21. I attended the deceased from 25 Jan 60 to 1 Feb 60 and last saw her <sup>him</sup> alive on 1 February  
 Death occurred at 9:07 A. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <u>John W. Wells</u> (Degree or title) <b>D.O.</b>	<b>22b. ADDRESS</b> <b>LEWISTOWN, MO.</b>	<b>22c. DATE SIGNED</b> <b>2-3-60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>23b. DATE</b> <b>2/3/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>LA BELLE</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>LA BELLE, MISSOURI</b>
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<b>24. FUNERAL DIRECTOR</b> <u>Charles L. Arnold, Jr.</u> <b>Lewistown, Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>2-3-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs. Henry Lloyd</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FEB 19 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 Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MI

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.