

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 17 1960

-60-007303

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 3

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1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>	Length of stay in 1b <u>16 yrs</u>	c. CITY OR TOWN <u>ELDON</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>500-N-MILL</u>		d. STREET ADDRESS (If outside, give location) <u>500-N-MILL</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CHARLEY</u> Middle <u>FOUNTAIN</u> Last <u>BOND</u>	4. DATE OF DEATH Month <u>Feb</u> Day <u>7</u> Year <u>1960</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>16 Dec 1888</u>	9. AGE (last birthday) Months <u>71</u>	IF UNDER 1 YEAR Months <u>71</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>	11. BIRTHPLACE (City and state or country) <u>Cole-Co-Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Lewis-B-Bond</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA-J-VAUGHN</u>	14. NAME OF HUSBAND OR WIFE <u>MARY-L-BOND</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MARY-L-BOND</u> Address <u>ELDON-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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>		<u>2 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic bronchial asthma</u>	<u>10 yrs</u>
	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.) <u>NONE</u>
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20c. TIME OF INJURY Hour <u>None</u> Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input 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.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>None</u>	COUNTY <u>None</u>	STATE <u>None</u>
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21. I attended the deceased from 11/5/52 to 2/6/60 and last saw him alive on 2/6/60
Death occurred at 11 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Boat E Murrell</u> (Degree or title)	22b. ADDRESS <u>D.O Eldon, Mo</u>	22c. DATE SIGNED <u>2/9/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9 Feb-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ENLOE</u>	23d. LOCATION (City, town, or county) (State) <u>Cole-Co-Mo</u>
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24. FUNERAL DIRECTOR <u>Keith M. Kayser</u> ADDRESS <u>ELDON-MO</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 9, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Alveretta Waltz</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 28

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 Keith M. Kays
Licensed Embalmer No. 3998
P. O. Address Eldon

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.