

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

=60-022194

Registration District No. 002 Primary Registration District No. 5017 Registrar's No. 46

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>ANDREW</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nodaway Township</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>		c. CITY OR TOWN <b>RFD # 2 Savannah</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/4 miles South Savannah</b>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>1/4 mile South</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First <b>DAVID</b>		Middle <b>M.</b>		Last <b>BONNER</b>		Month <b>June 29, 1960</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-5-94</b>		
9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and state or country) <b>Osceola, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Henry Bonner</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Belle Jacobs</b>			14. NAME OF HUSBAND OR WIFE <b>Edna Belle Bonner</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW I</b>			16. SOCIAL SECURITY NO. <b>494-34-9413</b>		17. INFORMANT Address <b>Mrs. Edna Belle Booner, Savannah</b>			
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) <b>Cerebral hemorrhage</b>							<b>6 hours</b>	
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) <b>Carcinoma of the Thyroid with Metastasis, generalized</b>					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 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 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 <b>12-18-53</b> to <b>6-29-60</b> and last saw <del>him</del> <b>her</b> alive on <b>6-29-60</b> Death occurred at <b>1205 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Name or Title) <i>Robert L. ...</i>				22b. ADDRESS <b>Savannah, Missouri</b>		22c. DATE SIGNED <b>6-29-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-2-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Savannah, Missouri</b>			
24. FUNERAL DIRECTOR <b>BREIT &amp; HAWKINS SAVANNAH</b>			25. DATE RECD. BY LOCAL REG. <b>6-30-60</b>		26. REGISTRAR'S SIGNATURE <i>H. ...</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 25 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

*Jamess H. Hawkins*

Licensed Embalmer No. 4534

P. O. Address Savannah

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.