JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=60=026131

STATE FILE NUMBER

FILED VS AUG 1 1960

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 302

NDED

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Gir
c. CITY OR TOWN Cape Girardeau — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1001 Kingshighway — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Duree Middle Virgil Last Bonney
4. DATE OF DEATH Month July Day 22 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-12-1910
9. AGE (last birthday) 50 — IF UNDER 1 YEAR Months 3 Days 10 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher - Commercial
10b. KIND OF BUSINESS OR INDUSTRY Transport Co.
11. BIRTHPLACE (City and state or country) Oak Ridge Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Leo Bonney
13b. MOTHER'S MAIDEN NAME Jessie Parmenter
14. NAME OF HUSBAND OR WIFE Louise Bonney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-18-4760
17. INFORMANT Mrs Louise Bonney Address Cape Gir Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac tamponade — INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Dissecting aortic aneurism 10 HRS
DUE TO (c) aortic arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hypertension
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 8:30 pm. 21 July 60 death and last saw her/him alive on 21 July 60.
Death occurred at 6:10 am. 22 July 60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jean A. Chapman, M.D.
22b. ADDRESS 1902 Broadway Cape Girardeau Mo.
22c. DATE SIGNED 25 July 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-25-1960
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) Cape Girardeau (State) Mo.

24. FUNERAL DIRECTOR Brinkopf Howell ADDRESS Cape Gir Mo.
25. DATE RECD. BY LOCAL REG. 7-29-60
26. REGISTRAR'S SIGNATURE June Kasten

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AUG 3 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 W. H. Foster

Licensed Embalmer No. 3568

P. O. Address Cape Gir.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.