

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041347

FILED VS DEC 2 1960

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Primary Registration District No.

Registrar's No.

62

STATE FILE NUMBER

INDEXED

DOCUMENT

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

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>ALFERD</b>	Middle <b>J</b>	Last <b>BONDY</b>	Month <b>11</b>	Day <b>27</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>6-8-1871</b>	9. AGE (last birthday) <b>89</b>
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>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>Switzerland</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOHN BONDY</b>		13b. MOTHER'S MAIDEN NAME <b>LUSHER</b>		14. NAME OF HUSBAND OR WIFE <b>MAGDALENA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>499-48-3571</b>		17. INFORMANT <b>Mr. Alfred Bondy Brunswick</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>metastatic carcinoma, lungs, spine</b>		<b>16 mo.</b>
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	DUE TO (b) <b>Carcinoma, Prostatic</b>		<b>3 yrs</b>
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 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 **9-9-59** to **11-27-60** and last saw <sup>him</sup> alive on **11-26-60**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>W. H. Stuart</b>	22b. ADDRESS <b>Brunswick Mo.</b>	22c. DATE SIGNED <b>11-28-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elliot Grove Ceme Brunswick Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>Brunswick Mo.</b>
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24. FUNERAL DIRECTOR <b>L. E. M. Curry</b>	ADDRESS <b>Brunswick Mo. NW 29-1960</b>	25. DATE RECD. BY LOCAL REG. <b>11-29-1960</b>	26. REGISTRAR'S SIGNATURE <b>Hovie Smith</b>
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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

*L. E. McCurry*

Licensed Embalmer No. 4806

P. O. Address Brunswick

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.