

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002344

FILED VS FEB 8 1961 240  
 AMENDED

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Missouri</b> COUNTY <b>New Madrid</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lilbourn</b>		Length of stay in 1b <b>9 Yrs.</b>		c. CITY OR TOWN <b>Lilbourn</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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Wright</b> Middle <b>Irie</b> Last <b>Bonds</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>2</b> Year <b>1961</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-17-09</b>		9. AGE (last birthday) <b>51</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>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (City and state or country) <b>Waterford, Miss.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>G. W. Bonds</b>				13b. MOTHER'S MAIDEN NAME <b>Carrie Johnson</b>				14. NAME OF HUSBAND OR WIFE <b>Never Married</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b>				16. SOCIAL SECURITY NO. <b>WW 11</b>		17. INFORMANT Address <b>G. W. Bonds Lilbourn, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>										INTERVAL BETWEEN ONSET AND DEATH			
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)								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 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 Month, Day, Year a.m. p.m.													
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>Feb 2 1961</b> to <b>Feb 2 1961</b> and last saw her/him alive on _____ Death occurred at <b>5:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Orville B. Chandler M.D.</b>						22b. ADDRESS <b>New Madrid Mo</b>				22c. DATE SIGNED <b>2/4/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-5-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hounds Cemetery</b>				23d. LOCATION (City, town, or county) <b>Lilbourn, Mo.</b>					
24. FUNERAL DIRECTOR <b>Osburn Funeral Home, Wardell, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>2-4-1961</b>		26. REGISTRAR'S SIGNATURE <b>H. L. Bondy Deputy</b>							

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 27 1961

FEB 15 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James G. Debeauvoir

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

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.