

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020274

STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 126

FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b Yrs	c. CITY OR TOWN Mexico
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Audrain County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 717 North Calhoun
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First IDA Middle MARY Last BONE	4. DATE OF DEATH Month June Day 15 Year 1961
---	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-70	9. AGE (last birthday) 90	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) Widow	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY USA
---	---	--	---

13a. FATHER'S NAME Garrett Darcy	13b. MOTHER'S MAIDEN NAME Minnie Bombeck	14. NAME OF HUSBAND OR WIFE J. M. Bone, Deceased
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Joe Bone, Jr. Mexico, Missouri
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute cardiac dilatation		INTERVAL BETWEEN ONSET AND DEATH 20 minutes
DUE TO (b) Chronic myocarditis		2 years
DUE TO (c) Generalized arteriosclerosis		10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured left hip		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) fall in room at home breaking left hip
20c. TIME OF INJURY Hour 6 Month, Day, Year 4-24-61		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2nd home	20f. CITY, TOWN, OR LOCATION Mexico	COUNTY Audrain	STATE Mo
---	---	---	--------------------------	--------------------

21. I attended the deceased from **4/24/61** to **6/15/61** and last saw her alive on **6/15/61**
Death occurred at **11:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thos. J. Sawyer, M.D.	22b. ADDRESS Mexico, Mo	22c. DATE SIGNED 6/16/61
--	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-19-61	23c. NAME OF CEMETERY OR CREMATORY Oak Hill	23d. LOCATION (City, town, or county) (State) Carrollton, Mo.
--	-----------------------------	---	---

24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo.	25. DATE RECD. BY LOCAL REG. June 19-1961	26. REGISTRAR'S SIGNATURE Blanche Nelly
---	---	---

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FORM NO. 3-59 (REVISED 1-5-60)

JUN 28 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 Connie L. Pickering, Student Embalmer No. 633

working under my personal supervision.

Student Connie L. Pickering

Signature of Student Embalmer

Signed

Clive Amundson

Licensed Embalmer No. 3569

P. O. Address

Murice N

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.