

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043358

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED
Certificate

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 121

FILED DEC 4 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jamez</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jamez</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		Length of stay in lb <u>18 hrs</u>	c. CITY OR TOWN <u>Protem</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROY OLIVER BONNER</u>			4. DATE OF DEATH Month Day Year <u>NOV. 27 1961</u>
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 7, 1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Just out of Navy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>	9. AGE (last birthday) <u>21</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>1 13</u>
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROY BONNER</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Stafford</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>Roy Bonner Protem, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Ischemia - Trauma - Auto Accident.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 <u>11/26/61</u> to <u>11/27/61</u> and last saw ^{her} him live on <u>11/27/61</u> Death occurred at <u>6 AM 11/20/61</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Roy Schepis MD.</u> (Degree or title)		22b. ADDRESS <u>Branson MO</u>	22c. DATE SIGNED <u>12/1/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wolf</u>	23d. LOCATION (City, town, or county) <u>Protem MO</u> (State)
24. FUNERAL DIRECTOR <u>Walter Cobb</u> ADDRESS <u>Branson MO</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-61</u>	26. REGISTRAR'S SIGNATURE <u>Nelen Campbell</u>

DEC 7 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 Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Beaumont, TX

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.