

**OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-045692**  
STATE FILE NUMBER

AMENDED

Registration District No. 261 Primary Registration District No. \_\_\_\_\_ Registrar's No. 260

**FILED JAN 2 1962**

1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CONCEPTION</b>	Length of stay in 1b <b>1 DAY</b>	c. CITY OR TOWN <b>ST JOSEPH</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 <b>CONCEPTION ABBEY</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3618 Sacramento</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>DELBERT</b> Last <b>BONAR</b>			4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>15</b> Year <b>1961</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAU</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>Mar 26, 1923</b>	9. AGE (last birthday) <b>38</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONTRACTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SEWER SERVICE</b>	11. BIRTHPLACE (City and state or country) <b>ST JOSEPH</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>FRANK BONAR</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Harman</b>		14. NAME OF HUSBAND OR WIFE <b>BETTY LEE BONAR</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>			17. INFORMANT Address <b>MRS BETTY LEE BONAR ST JOSEPH, MISSOURI</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 <b>minutes</b>
IMMEDIATE CAUSE (a) <b>Asphyxiation</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Prissure of earth on chest</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	
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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.) <b>sump ditch in which he was</b>	
20c. TIME OF INJURY Hour <b>1:45</b> p.m. Month, Day, Year <b>12 15 61</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>conception abbey</b>	20f. CITY, TOWN, OR LOCATION <b>Conception</b>	COUNTY <b>Nodaway</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>1:45</b> to <b>2</b> and last saw her alive on _____ 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. J. [Signature]</b>	22b. ADDRESS <b>Marionville, Mo</b>	22c. DATE SIGNED <b>12/18/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/18/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>
24. FUNERAL DIRECTOR <b>John [Signature]</b>	ADDRESS <b>St. Joseph, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>12-24-61</b>
26. REGISTRAR'S SIGNATURE <b>Bess Holt</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 1 1966

JAN 30 1962  
JAN 19 1962

JAN 3 1962

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 John E. P...

Licensed Embalmer No. 398

P. O. Address St Joseph

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.

