(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012021

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 10

FILED MAR 21 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

1	0730
2	0730
3	1
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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella — Length of stay in 1b 7 hrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cardwell Mem. Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Newton
c. CITY OR TOWN Neosho — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #5 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First RITA Middle FAYE Last BONHAM

4. DATE OF DEATH Month Day Year January 27, 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/17/61

9. AGE (last birthday) IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (City and state or country) Stella, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Billy J. Bonham

13b. MOTHER'S MAIDEN NAME Donna Faye Holland

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Billy J. Bonham Address Rt. #5 Neosho, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Virus Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1-26-62, to 1-27-62 and last saw her/him alive on 1-27-62
Death occurred at 12:37 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul C. Mumbrum Leo

22b. ADDRESS Stella Mo.

22c. DATE SIGNED 1/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1/29/62

23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery

23d. LOCATION (City, town, or county) (State) Diamond, Mo.

24. FUNERAL DIRECTOR ADDRESS CLARK FUNERAL HOME Neosho, Mo.

25. DATE RECD. BY LOCAL REG. 2-10-62

26. REGISTRAR'S SIGNATURE Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

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 H. Wayne Severs, Student Embalmer No. 630 working under my personal supervision.

Student H. Wayne Severs
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Neosho, 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.