

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018271

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 250 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 11 1962**

1. PLACE OF DEATH  
 a. COUNTY Cape Girardeau  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Length of stay in lb 15 Years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E.Mo. Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Cape Girardeau  
 c. CITY OR TOWN Cape Girardeau Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 130 So. Ellis Reside on Farm Yes  No

3. NAME OF DECEASED First Floyd Middle David Last Bond 4. DATE OF DEATH Month June Day 4 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/1/1911 9. AGE (last birthday) 50 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed at Sunny Hill Dairy 10b. KIND OF BUSINESS OR INDUSTRY Dairy 11. BIRTHPLACE (City and state or country) Near Chaffee, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Bond 13b. MOTHER'S MAIDEN NAME Ethel Ward 14. NAME OF HUSBAND OR WIFE Amy Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Address Mrs. Amy Bond-Cape Girardeau, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for part I, and one for part II.)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cardiac Decompensation  
 DUE TO (b) Myocardial Infarction  
 DUE TO (c) Arteriosclerotic Heart Disease  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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  
 INTERVAL BETWEEN ONSET AND DEATH 10 weeks

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 5:55 a.m. p.m. Month, Day, Year Dec 3, 1956 to 6/4/62 and last saw him alive on 6/4/62

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 Cape Girardeau, Mo. COUNTY STATE

21. I attended the deceased from Dec 3, 1956 to 6/4/62 and last saw him alive on 6/4/62  
 Death occurred at 5:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ernest M. Hoxworth, M.D. 22b. ADDRESS 24 N. Sprigg Cape Girardeau, Mo. 22c. DATE SIGNED 6/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/06/1962 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.

24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo. ADDRESS DATE RECD. BY LOCAL REG. June 9-62 26. REGISTRAR'S SIGNATURE Ernest Kasten

VS 300 Rev. 4/59

1 0168  
 2 20168  
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON  
 Dr. Hoxworth

JUN 19 1963

AUG 6 1963

**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 Howard L. Henman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.