

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029693

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. PLAID - JUL 30 1962 Primary Registration District No. 3074 Registrar's No. 145

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>SCOTT</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Dexter</u>		d. STREET ADDRESS (If outside, give location) <u>124 Miller</u>	
3. NAME OF DECEASED (Type or print) First <u>Ocea</u> Middle <u>Louise</u> Last <u>Bond</u>		4. DATE OF DEATH Month <u>7</u> Day <u>5</u> Year <u>1962</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 31, 1891</u>		9. AGE (last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	
11. BIRTHPLACE (City and state or country) <u>Dexter, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sam McCulley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Vaught</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Bond (Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Dale Bond Sikeston, Mo.</u>	
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	
IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u>						<u>48 hrs</u>	
DUE TO (b) <u>Massive left C.V.A.</u>						<u>16 days</u>	
DUE TO (c) <u>Hypertensive Cardiovascular disease</u>						<u>2 or known</u>	
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 <u>8:15</u> 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>June 20, 1962</u> to <u>July 5, 1962</u> and last saw her alive on <u>July 24, 1962</u> Death occurred at <u>8:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John Sargent M.D.</u>				22b. ADDRESS <u>808 Wakefield Sikeston Mo</u>		22c. DATE SIGNED <u>7-5-62</u>	
23a. BURNING, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 8, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Dexter Mo.</u>	
24. FUNERAL DIRECTOR <u>Rainey Fun. Home, Dexter, Mo.</u>				25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE <u>July 9, 1962 Jeanette Waldman</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed July 5, 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 Lucille Ramey

Licensed Embalmer No. 4983

P. O. Address Deyle, 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.