

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-035937

Register District No. 318 Primary Registration District No. \_\_\_\_\_ Registrar's No. 8825 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 2 1962**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS Length of stay in 1b \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA HOMER PHIA Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN ST LOUIS Inside Limits Yes  No   
d. STREET ADDRESS (If outside give location) 4353 Darfield Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last John H Bone 4. DATE OF DEATH Month Day Year 9 - 9 1962

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5-1-37 9. AGE (last birthday) 25 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) LABORER 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) St. Louis MO 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN N BONE 13b. MOTHER'S MAIDEN NAME ELIZABETH BONE 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREA 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT ELIZABETH BONE Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Intra-abdominal hemorrhage from gunshot wound, suffered when shot with gun in hands of one, John Henry Bone, father of deceased, in home at 4353 Darfield, about 6:50 P.M., September 8, 1962.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 981X Excusable Homicide  
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.) see above

20c. TIME OF INJURY Hour 5:50 a.m. \_\_\_\_\_ p.m. Month, Day, Year 9-8-62

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.) Home 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo STATE \_\_\_\_\_

21. I attended the deceased from \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ 7:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank M. Dillen 22b. ADDRESS 1300 Clair 22c. DATE SIGNED 9-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 9-15-62 23c. NAME OF CEMETERY OR CREMATORY FATHER DIXON 23d. LOCATION (City, town, or county) (State) K. R. K. WOOD MO

24. FUNERAL DIRECTOR RELIABLE 1389 UNION ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. SEP 12 1962 REGISTRAR'S SIGNATURE Coat Smith. M.D.

VS 300 Rev. 4/59

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DATE AMENDED  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Clarence Crasins

Licensed Embalmer No. 4755

P. O. Address 1389 Union

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.