

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027774

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No. 308

Registrar's No. 67

FILED JUL 24 1963

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Salem

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dent

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION At Residence

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 805 N. Washington

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

FANNIE

Middle

BONEBRAKE

Last

4. DATE
OF
DEATH

Month

Day

Year

July 15, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/27/1889

9. AGE (last birthday)

74

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Fairfield, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry P. Simms

13b. MOTHER'S MAIDEN NAME

Martha Jane Sons

14. NAME OF HUSBAND OR WIFE

Earnest Bonebrake

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.

None

17. INFORMANT

Address

Mrs. Emmett Halbrook, Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Sarcomatosis of Lymph
Nodes (Reticulum cell Sarcoma)INTERVAL BETWEEN
ONSET AND DEATH

3 yrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

Chronic Hypertensive Cardiovascular Disease.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. 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
INJURYHour
a.m.
p.m.

Month, Day, Year

No Accident. No Injury

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 July 15, 1960

July 13, 1963 and last saw her alive on 7/13/63

Death occurred at 4 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Salem, Mo.

22c. DATE SIGNED

7/16/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7/17/1963

23c. NAME OF CEMETERY OR CREMATORY

Cedar Grove Cemetery

23d. LOCATION (City, town, or county)

Salem, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Spencer Funeral Home, Salem, Mo.

25. DATE RECD. BY LOCAL REG.

7-17-63

26. REGISTRAR'S SIGNATURE

M.M. Hart, M.D. by am

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0331

2 0331

3

4 1

5 2

6

7 1

8 2

9 2000

10

11

12 90-0

13 10

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

Stephen E. Addison

Licensed Embalmer No.

5181

P. O. Address

Salem, 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.