MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 279

63-039666 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10425
2 01901
3
4 0
5 1
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7 0
8 1
9 9020
10 3
11 019
12 2-2
13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 28 1963

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Creighton
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 mi west
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First CLARK Middle WELLINGTON Last BONAR

4. DATE OF DEATH: Month October Day 23 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/5/93
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Gunn City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James M. Bonar
13b. MOTHER'S MAIDEN NAME: Cassandra Russell
14. NAME OF HUSBAND OR WIFE: Bessie L. Bonar

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.: 490-42-0244
17. INFORMANT Address: Bessie L. Bonar, Creighton, 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): Medullary Paralysis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 36-48hrs
DUE TO (c): Hematoma & Abdomenal Trauma — 2-3 weeks ago.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiovascular disease

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.): Part I (c) Fell from trailer while pulling on a post and injured Abdomen
20c. TIME OF INJURY Hour (a.m. p.m.) about 10 Month, Day, Year Oct 7 1963
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.): farm Home
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Cass

21. I attended the deceased from to 10/23/63 and last saw him alive on 10/23/63
Death occurred at 10:55 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo L. Wetzel DO
22b. ADDRESS: 105 E Ohio
22c. DATE SIGNED: Oct 24

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/26/63
23c. NAME OF CEMETERY OR CREMATORY: Garden City
23d. LOCATION (City, town, or county) (State): Garden City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Atkinson-Dickey Garden City, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 26, 1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 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 Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit Obtained 10-26-63