

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15074

State File No.

 BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5160 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY 3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUISIS 6</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, CALLAWAY WRECK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON 2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 MILES EAST OF KINGDOM CITY</u>		d. STREET ADDRESS (If rural, give location) <u>64 ABERDEEN 1</u>	

3. NAME OF DECEASED (Type or Print) <u>JOAN DEPELHEUER BONSAK</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13 1949</u>
--	------------	-------------	-----------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>MAY 6, 1928</u>	9. AGE (In years last birthday) <u>21</u>	if UNDER 1 YEAR Months Days <u>0 7</u>	if UNDER 2 HRS. Hours Min. <u>0 0</u>
----------------------	-------------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>WILLIAM DEPELHEUER</u>	13b. MOTHER'S MAIDEN NAME <u>D. KAUFER</u>	14. NAME OF HUSBAND OR WIFE <u>William C. Bonsack</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>D. KAUFER</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William C. Bonsack</u>	ADDRESS <u>64 Aberdeen Clayton, Mo.</u>
--	--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Did of injuries sustained in auto</u>		INTERVAL BETWEEN ONSET AND DEATH <u>64200</u> <u>32</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Automobile Overturned</u>		
	DUE TO (c) <u>Skidding</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) <u>HOUSEHOLD</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Callaway Twp Callaway Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callaway Twp Callaway Mo</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 10 1949 6 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>14</u>
---	--	-------------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Barrett Coroner</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>5/14/1949</u>
--	-------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D. K.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 14 1949</u>	REGISTRAR'S SIGNATURE <u>Marett Lawrence</u>	4215 FUNERAL DIRECTOR'S SIGNATURE <u>Ellen J. Maurin</u>	ADDRESS <u>Fulton, Mo.</u>
---	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
MAY 25 1949
Date Filed

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
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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 this body is not embalmed, fact should be so stated above.