No. 300
10.48

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4149

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5189 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY ~~Stoddard~~ Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Advance~~ Rural (Pike)
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Pike 6160
d. STREET ADDRESS (If rural, give location) R-1 0

3. NAME OF DECEASED (Type or Print)
a. (First) Ethel
b. (Middle) May
c. (Last) Bond

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 18, 1890
9. AGE (In years last birthday) 59 — If under 1 year: Months 10, Days 24 — If under 24 hrs.: 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 housewife
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jonathan Ward
13b. MOTHER'S MAIDEN NAME Bell Templeton
14. NAME OF HUSBAND OR WIFE Charley Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Charley Bond — ADDRESS Advance, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes and Acute Cold
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Bollinger (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1940, *to* Feb. 24, 1950, *that I last saw the deceased alive on* Feb. 24, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE E. C. Masters (Degree or title) Dos
23b. ADDRESS Advance Mo.
23c. DATE SIGNED 2-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 27, 1950
24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park
24d. LOCATION (City, town, or county) (State) Advance, Mo.

DATE REC'D BY LOCAL REG. Mar 1-50
REGISTRAR'S SIGNATURE D. G. Sutton 43
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd S. Morgan — ADDRESS Advance Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-336

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 William H. Morgan, Student Embalmer No. ....., working under my personal supervision.

~~Student~~ .....
Student Embalmer

Signed William H. Morgan

Licensed Embalmer No. 7640

P. O. Address Advance, 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.