

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29268

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAPLATA 0610</u>	
c. LENGTH OF STAY (In this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grain Smith Memorial Hosp.</u>			

3. NAME OF DECEASED a. (First) <u>HAZEL</u> b. (Middle) <u>Ruby</u> c. (Last) <u>Bonfield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 10 1912</u>	9. AGE (In years last birthday) <u>38</u>	10. MONTHS <u>8</u> 11. DAYS <u>29</u> 12. HOURS <u>20</u> 13. MIN. <u></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		11. BIRTHPLACE (State or foreign country) <u>Rutledge Mo</u>	
13a. FATHER'S NAME <u>MARION CUNNINGHAM</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE H. PRUETT</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Leskie Bonfield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. L. Bonfield La Plata</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the bladder</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with generalized metastases</u>					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>181X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 18, 1949</u> to <u>9-30, 1950</u> , that I last saw the deceased alive on <u>9-30, 1950</u> , and that death occurred at <u>6:22 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. Robert Knapp M.D.</u>			23b. ADDRESS <u>La Plata, Mo.</u>		23c. DATE SIGNED <u>10/2/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u>

DATE REC'D BY LOCAL REG. <u>10-2-50</u>		REGISTRAR'S SIGNATURE <u>Rate Lambert</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. M. Wilson La Plata, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1950

Date Received: **OCT 10 1950**
DISTRICT HEALTH OFFICE #2
District File Number *10-20-*
Date Filed: **OCT 10 1950**

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 *Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.