

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31161

State File No. _____

0720
 3 ✓

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

BIRTH NO. _____		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. <u>5225</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>New Madrid</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Highway 62</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Risco</u>		d. STREET ADDRESS (If rural, give location) <u>Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles east of Malden,</u>		c. LENGTH OF STAY (In this place)		b. COUNTY <u>New Madrid</u>		0720	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
<u>JOHN</u>	<u>E.</u>	<u>BONER</u>	<u>SEPT.</u>	<u>10</u>	<u>1950</u>	<u>0</u>	<u>White</u>
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<u>Male</u>	<u>0</u>	<u>White</u>	<u>Widowed</u>	<u>Widowed</u>	<u>2</u>	<u>March 9, 1888</u>	<u>62</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<u>62</u>	<u>6</u>	<u>1</u>	<u>Iron Junk Dealer</u>	<u>Iron Junk Dealer</u>	<u>Illinois</u>	<u>U.S.A.</u>	<u>1</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>U.S.A.</u>	<u>JOHN</u>	<u>Elizabeth</u>	<u>Green</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<u>No</u>		<u>Unknown</u>		<u>Dee Boner Gideon, Missouri</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>In auto accident by</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>himself, killed by car</u>					
		DUE TO (c) <u>Skull-fracture. Run off road</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>road</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>32</u>	
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) (Minute)	
<u>Accident</u>		<u>Mo</u>		<u>New Madrid, Mo.</u>		<u>Sept 10:50 PM '50</u>	
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
<input type="checkbox"/>		<u>72</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 <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE			23b. ADDRESS		23c. DATE SIGNED		
<u>Dee Boner</u>			<u>New Madrid, Mo.</u>		<u>Sept 18, 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Sept. 12, 1950</u>		<u>Park Cemetery</u>		<u>Malden, Missouri</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>9-23-50</u>		<u>Dr. H. H. Hester</u>		<u>Landess Funeral Home Campbell, Mo.</u>			

RECORDED

OCT 28 1950

MISSOURI DEPT. OF HEALTH

ST. LOUIS, MISSOURI

OCT 28 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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.