

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40169
Registrar's No. 296

BIRTH NO. 51625-50 REG. DIST. NO. 97 PRIMARY REG. DIST. NO. 3016

264
1

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>3 mos</u>		d. STREET ADDRESS (If rural, give location) <u>622 Waverly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>622 Waverly</u>			

3. NAME OF DECEASED a. (First) <u>Kathleen Linda</u> b. (Middle) <u>Barb</u> c. (Last) <u>Bond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept 2, 1950</u>		9. AGE (In years last birthday) <u>3</u> Months <u>19</u> Days		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson City</u>	

13a. FATHER'S NAME <u>Ray Bond</u>		13b. MOTHER'S MAIDEN NAME <u>Miss Bond</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Bond - 622 Waverly</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Tracheo-oesophageal anomaly</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Sept 1950, to Dec 21, 1950, that I last saw the deceased alive on Dec 10, 1950, and that death occurred at 5 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. T. Uehle</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>12-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 22 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linwood</u>	
		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>			

DATE REC'D BY LOCAL REG. <u>Jan 3-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - MR. 68</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u>	
				ADDRESS <u>Jefferson City</u>	

RECEIVED 1-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-5-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. B. Anderson

Signed _____
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address *Jeno*

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.