

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13139

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>5645</u>		Registrar's No. <u>316</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural</u>			c. LENGTH OF STAY (In this place) <u>34 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			<u>0550</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. No. 2 Aurora, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. No. 2 Aurora, Mo.</u>					
3. NAME OF DECEASED (Type or Print) <u>George</u>			a. (First)		b. (Middle) <u>Bond</u>		c. (Last)		
4. DATE OF DEATH <u>April 20, 1951</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 14 1862</u>		9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taylor-Drycleaning</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaners</u>			11. BIRTHPLACE (State or foreign country) <u>Main</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Benjamin Bond</u>			13b. MOTHER'S MAIDEN NAME <u>Harding</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brady Sullivan</u>			ADDRESS <u>Aurora, 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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH	
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)		<u>794x</u>			
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>April 1, 1951</u> , to <u>April 20, 1951</u> , that I last saw the deceased alive on <u>April 13, 1951</u> , and that death occurred at <u>12</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W.B. Harrison M.D.</u>			b. (Degree or title)			23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>April 21, 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 22</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 21-51</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>William Wood Funeral</u>		ADDRESS <u>Aurora, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

550

S. No. 300
V. 10. 48

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 24 1951

Dist. File 427-890

Date Filed 4-24-51

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.....
Student Embalmer

Signed

James W. Crafton
Licensed Embalmer No. 4668

P. O. Address Aurora, 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.