

No. 300
10.48

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21026

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 142

0883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E</u> c. (Last) <u>Bonnell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>? 1857</u>		9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Days <u>?</u>		IF UNDER 24 HRS. Hours <u>?</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>0 mo</u>				12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>Mason Bonnell</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Evans</u>			14. NAME OF HUSBAND OR WIFE		
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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. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Bonnell, Clark mo</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. "DISEASE OR CONDITION" DIRECTLY LEADING TO DEATH		<u>Fracture, femur, right</u>				<u>7 days</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Wernia, femur</u>				<u>5 day</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Infective</u>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Wernia, femur</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		E9040 21		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Huntsville, Randolph mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 3 1951 1:50 a</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fallen</u>	

22. I hereby certify that I attended the deceased from 4 June 1951 to 11 June 1951, that I last saw the deceased alive on 11 June 1951, and that death occurred at 12:50 a, from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) <u>[Signature]</u>		23b. ADDRESS <u>6 mo Moberly mo</u>		23c. DATE SIGNED <u>13 June 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly mo</u>	
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DATE REC'D BY LOCAL REG. <u>June 12-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Moberly mo</u>	
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Date Received: JUN 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1096
Date Filed: JUN 18 1951

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.....

Frank B D Witt

Licensed Embalmer No. *3081*

P. O. Address *Moberly, 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.