

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2025**

FILED FEB 11 1952

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5762</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>MAYWOOD Rural</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>MAYWOOD 1640</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALPHRETTA</u>				d. STREET ADDRESS <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>ALPHRETTA</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>BONTA</u>			4. DATE OF DEATH <u>JAN. 11, 1952</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>JUNE 22, 1869</u>	
9. AGE (in years) _____		IF UNDER 1 YEAR _____		IF UNDER 12 HRS. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>EMERSON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>ALFRED BAILEY</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZBETH MARKSBURY</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LYN McPIKE</u> ADDRESS <u>Maywood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>12 Hrs.</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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>Aug - 16, 1943</u> , to <u>JAN. 11, 1952</u> , that I last saw the deceased alive on <u>Jan. 11, 1952</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. Shover</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Philadelphia, Mo</u>		23c. DATE SIGNED <u>1-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN. 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emerson</u>		24d. LOCATION (City, town, or county) (State) <u>Emerson, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/12/52</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u> ADDRESS <u>Ewing, Mo</u>			

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

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RECEIVED FEB 8 1952
MORISON CO. HEALTH DEPT.
DATE FILED FEB 8 1952

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 Thomas Ball

Signed.....
Student Embalmer

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.