

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4002

State File No. \_\_\_\_\_

MAR 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Budanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City Mo</u>	
c. LENGTH OF STAY (in this place) <u>19</u>		d. STREET ADDRESS (If rural, give location) <u>0387</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>Austin</u> c. (Last) <u>Bonham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-52</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-21-1894</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	-----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian of Church</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>David Bonham</u>		13b. MOTHER'S MAIDEN NAME <u>Mary P.</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-57-562A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Strawser Guggis Detroit 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Lower Nephron Nephrosis</u>		
	DUE TO (c) <u>Prostatic Hypertrophy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>2-19-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign Nodular Prostatic Hypertrophy</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>610X</u>	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from 2-17, 1952, to 3-5, 1952, that I last saw the deceased alive on 3-5, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or Title) <u>Robert B. Guston M.D.</u>		22b. ADDRESS <u>Phys + Surg Bldg No. 509e</u>		22c. DATE SIGNED <u>3-5-52</u>	
---	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City Mo</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo</u>	
--	--	-------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>March 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casup</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.A. Maggart King City</u>	
---	--	--	--	--	--

(Licensed Embalmers' Statement on Reversed Side)

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

**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.

Signed.....

*R. G. Taggart*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2563*

P. O. Address *King City 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.