

STANDARD CERTIFICATE OF DEATH

State File No. **9175**

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5804** Registrar's No. **16**

0690
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON TWP. 5MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS 067	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) W. LOCUST ST.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) DAVID c. (Last) BOUNDS			4. DATE OF DEATH (Month) (Day) (Year) APR. 4 1952		
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5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIAGE OR PREVIOUS MARRIAGE NOT KNOWN	8. DATE OF BIRTH FEB. 12, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN BOUNDS	13b. MOTHER'S MAIDEN NAME KIZZIE SMITH	14. NAME OF HUSBAND OR WIFE JENNIE BOUNDS
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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) NO	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME CARL BOUNDS, PARIS, MO.	ADDRESS
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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) Cerebral Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 30 MIN
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arterio-sclerosis		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 4, 1952** to **April 4, 1952**, that I last saw the deceased alive on **April 4, 1952**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. M. Kendall M.D.	(Degree or title)	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 4-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-6-52	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MISSOURI
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DATE REC'D BY LOCAL REG. 4-5-52	REGISTRAR'S SIGNATURE Z. A. Barnett M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey	ADDRESS PARIS, MISSOURI
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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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.