

STANDARD CERTIFICATE OF DEATH

28526
State File No. 151
Registrar's No. 151

FILED AUG 21 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 6293

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bess</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Vonier</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Aug</u> <u>6</u> <u>1952</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>Married</u>	8. DATE OF BIRTH <u>Oct. 10, 1900</u>	9. AGE (In years last birthday) <u>51</u>	if UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	if UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James O. Dunlap</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie M. Horn</u>	14. NAME OF HUSBAND OR WIFE <u>Andy Vonier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Andy Vonier</u>	ADDRESS <u>Golden City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Aug. 5, 1952, that I last saw the deceased alive on AUG. 5, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Iva L. Farnick, D.C. 1</u>	23b. ADDRESS <u>1909 Wall, Joplin, Mo.</u>	23c. DATE SIGNED <u>8/8/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hackney Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-8-52</u>	REGISTRAR'S SIGNATURE <u>L.B. Clutter, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>	ADDRESS <u>Carthage, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-20-52
Jasper County Health Office

County File Number 52/2/656

Date Filed 8-20-52

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Springfield
Carthage, 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.