

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31291

State File No.

FILED OCT 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>909</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>1216 W. Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u>			b. (Middle) <u>A.</u>		c. (Last) <u>BOND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1952</u>
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>May 30, 1864</u>		9. AGE (In years last birthday) <u>88</u>	10. IF UNDER 1 YEAR (Month) (Day) (Year)
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>In Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Flat Rock Ill. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. T. Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Custer</u>		14. NAME OF HUSBAND OR WIFE <u>Widow</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Geo. T. Bond Springfield 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(a) arteriosclerosis - several years</u> ANTECEDENT CAUSES <u>(a) coronary artery thrombosis 2 days</u> DUE TO (a) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Malnutrition, mod. at least 3 yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>at least 3 yrs</u>	
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 _____, 19 <u>49</u> , to <u>7 Oct</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7 Oct</u> , 19 <u>52</u> , and that death occurred at <u>12:40 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold Krabel M.D.</u>				23b. ADDRESS <u>1630 N. Jefferson Spfld, Mo.</u>		23c. DATE SIGNED <u>7 Oct 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-8-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flat Rock, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>Flat Rock Ill.</u>		
DATE REC'D BY LOCAL REG. <u>10-9-52</u>		REGISTRAR'S SIGNATURE <u>Ernie Williamson Registrar</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. KLINGNER & CO. Springfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0396

DEC 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

4071

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.