

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0013
4
Jemine Boner

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

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 338	
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Pittsburg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		0260	
c. LENGTH OF STAY (in this place) 10 months		d. STREET ADDRESS (If rural, give location) /			
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Home No 1					
3. NAME OF DECEASED (Type or Print) a. (First) Jemine		b. (Middle) Baner		c. (Last) Boner	
4. DATE OF DEATH (Month) (Day) (Year) 10 12 1952					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Sp. City) Widowed	8. DATE OF BIRTH 6-23-1862	9. AGE (In years last birthday) 90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Edgerville Iowa		
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME John Newell		13b. MOTHER'S MAIDEN NAME Anna Eliza Hughes		14. NAME OF HUSBAND OR WIFE Wm W Boner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME John Mower	
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* (a) Heart Block ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Hypertensive heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 April 1 , 1952, to Oct 12 , 1952, that I last saw the deceased alive on Oct 11 , 1952, and that death occurred at 7:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) David W. Boner		23b. ADDRESS 1901 N. Wabash, Kirkville Mo		23c. DATE SIGNED Oct 11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/14/52		24c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	
24d. LOCATION (City, town, or county) (State) Unionville Mo					
DATE REC'D BY LOCAL REG. 10-13-52		REGISTRAR'S SIGNATURE Walter Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Domstock	
				ADDRESS Domstock Funeral Home Unionville Mo	

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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Chimneyville, 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.