

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14003

State File No. ....

FILED MAY 1 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4274 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		0470		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's of the Oaks</u>				d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Julia</u> b. (Middle) <u>Emma</u> c. (Last) <u>Bond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-1953</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-24-1875</u>		9. AGE (In years last birthday) <u>77-4-2</u>		IF UNDER 1 YEAR Months   Days		IF UNDER 1 MTH. Hours   Mins.	
----------------------	--	-------------------------------	--	---	--	------------------------------------	--	---	--	----------------------------------	--	----------------------------------	--

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				11. BIRTHPLACE (City and State or Foreign Country) <u>Bellefleur, Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
--	--	--	--	-----------------------------------	--	--	--	--	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>Mrs. Nathaniel Barclaw</u>				13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Fitzpatrick</u>				14. NAME OF HUSBAND OR WIFE <u>Samuel Edward Bond</u>			
--	--	--	--	---	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bond gave this information Personal</u>		ADDRESS	
---	--	-----------------------------------	--	---	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						<u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute hypertension</u>						<u>?</u>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>generalized arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic arthritis</u>						<u>?</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (Min.)			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 11-6, 1951, to 4-26, 1953, that I last saw the deceased alive on 4-26, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Jarland, M.D.</u>		23b. ADDRESS <u>Fronton, Mo</u>		23c. DATE SIGNED <u>4-28-53</u>	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 29-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo</u>	
---	--	--------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>4-29-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>		ADDRESS <u>303 Cass St. Flat River, Mo</u>	
---	--	--	--	---	--	--	--

(Licensed Embalmers' Statement on Reverse Side)

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

JAN 28 1914

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: Alexis W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Ames St. Flat River, S.C.

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.