

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16967**

FILED JUN 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0041</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u> <u>5</u> LENGTH OF YEARS <u>YEARS</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u> <u>0041</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>713 West Park</u>				d. STREET ADDRESS (If rural, give location) <u>713 West Park</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Birdie</u>			b. (Middle) _____			c. (Last) <u>Bonham</u>	
4. DATE OF DEATH (Month) <u>June</u> (Day) <u>4</u> (Year) <u>1953</u>							
5. SEX <u>Female</u> <u>3</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 28, 1879</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Month <u>5</u> Days <u>7</u>		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Curryville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Sol Caldwell</u>			13b. MOTHER'S MAIDEN NAME <u>Melvina Ferrell</u>			14. NAME OF HUSBAND OR WIFE <u>Alfred Bonham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Flossie Marie Bryant</u> ADDRESS <u>Vandalia, 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* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Stenosis</u> DUE TO (c) <u>Uremia with Edema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>10 yrs.</u> <u>6 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>410X</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 <u>6-4</u> , 19 <u>53</u> , to <u>6-4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-4</u> , 19 <u>53</u> , and that death occurred at <u>5 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. W. Lindsey, D. O.</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>6/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Curryville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Curryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Mattie Ferguson</u>		FEDERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	

(I, signed Embalmers' Statement on Reverse Side)

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

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. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.