

STANDARD CERTIFICATE OF DEATH

State File No. **27956**

No. 300
10-48

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **251**

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ill b. COUNTY Union | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | | c. CITY (If outside corporate limits, write RURAL and give township) Jonesboro | |
| c. LENGTH OF STAY (In this place) 6 days | | d. STREET ADDRESS (If rural, give location) Powlas Nursing Home | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print), Signora Boner | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 20 1953 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH Sept 16th 1876 | | 9. AGE (In years last birthday) 76 | | 10. KIND OF BUSINESS OR INDUSTRY Home | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | | 11. BIRTHPLACE (City and State or Foreign Country) Tunnell Hill, Ill | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME Mitchell Webb | 13b. MOTHER'S MAIDEN NAME Marina Kelley | 14. NAME OF HUSBAND OR WIFE Henry Boner |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Dulcie N. Morris | ADDRESS Jonesboro, Ill |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 wk |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arter. H.D. failure DUE TO (c) 4200 | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. alkalizing - cystitis - bladder calculus - nephritis | | | |

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| 19a. DATE OF OPERATION 8-17-53 | 19b. MAJOR FINDINGS OF OPERATION: marked cystitis - alkaline encrustation | 19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT SUICIDE HOMICIDE (Specify) | 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 20d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 8-14-1953, to 8-20-1953, that I last saw the deceased alive on 8-20-1953, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE L.R. Seabaugh, M.D. | 23b. ADDRESS 801 1/2 Broadway Cape Girardeau, Mo. | 23c. DATE SIGNED 8-20-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Aug 22 1953 | 24c. NAME OF CEMETERY OR CREMATORY Jonesboro | 24d. LOCATION (City, town, or county) (State) Jonesboro, Ill. |
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| DATE REC'D BY LOCAL REG. 8-28-53 | REGISTRAR'S SIGNATURE T.C. Summers | 25. FUNERAL DIRECTOR'S SIGNATURE Cecil Norris | ADDRESS Jonesboro Ill |
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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 Carl Norris

Licensed Embalmer No. 4900

P. O. Address Jonesboro Ill

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.