

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20096

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 306L Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		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 town or township) <u>FLAT RIVER</u>		c. CITY OR TOWN <u>FLAT RIVER</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 yr</u>		e. STREET ADDRESS (If rural, give location) <u>605 E. MAIN 0942</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCO</u> b. (Middle) <u>GALE</u> c. (Last) <u>BOND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 19, 1887</u>	9. AGE (In years last birthday) <u>66</u>	10. <u>10</u> Months <u>10</u> Days <u>11</u> Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor (M. D.)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wichita, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>A. E. Bond</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HEDICK</u>	14. NAME OF husband OR WIFE <u>MARY BOND</u>
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Frances Bond</u> ADDRESS <u>Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self inflicted Gun shot wound</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>office</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Flat River St. Francois MO</u>
---	--	---

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 June 30, 1954 to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. H. Appberry M.D.</u>	23b. ADDRESS <u>Flat River MO</u>	23c. DATE SIGNED <u>7-1-54</u>
---	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>POPLAR BLUFF</u>	24d. LOCATION (City, town, or county) (State) <u>POPLAR BLUFF, MO</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>July 1, 1954</u>	REGISTRAR'S SIGNATURE <u>Ether Reddy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat River</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

42

1951 9 T 70C

1951

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.....
Signature of Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat River*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.