No. 300
10-48

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23625

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY McDONALD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JANE
c. LENGTH OF STAY (in this place) 6 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI - b. COUNTY McDONALD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JANE 0600
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) - c. (Last) BONEBRAKE

4. DATE OF DEATH (Month) (Day) (Year) 7-18-54

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N-M. 0
8. DATE OF BIRTH 11-10-1874
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 8 Days 8 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (City and State or Foreign Country) PINEVILLE-MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME HENRY-BONEBRAKE
13b. MOTHER'S MAIDEN NAME MARY —
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ARTIE JOSLIN-PINEVILLE-MO ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat Prostration — INTERVAL BETWEEN ONSET AND DEATH 2 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E9319 46

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 060

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:00P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. M. Humphrey Jr. Coroner
23b. ADDRESS Noel, Mo.
23c. DATE SIGNED 7-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 7-20-54
24c. NAME OF CEMETERY OR CREMATORY SHELT-NOEL
24d. LOCATION (City, town, or county) (State) NOEL, MO

DATE REC'D BY LOCAL REG. 7-20-54
REGISTRAR'S SIGNATURE Mayne Humphrey 423-0
25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey ADDRESS Pineville, Mo.

(Licensed Embalmer's 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 B. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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