

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27006

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Reelfoot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Arcadia</u>		c. LENGTH OF STAY (in this place) <u>1 mo. 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Arcadia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home for Aged Baptist</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles E. on Highway 70</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Hooker</u> c. (Last) <u>Bond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20, 1954</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Aug. 19, 1865</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>1</u>
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 <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Henrietta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jacob Hedrick</u>		13b. MOTHER'S MAIDEN NAME <u>Emvra Mullinacks</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Bond</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Bruney, Ironton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Valvular Insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>July 3, 1954</u> , to <u>Aug. 20, 1954</u> , that I last saw the deceased alive on <u>Aug. 15, 1954</u> , and that death occurred at <u>8:15A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. M. Sittler M.D.</u>				23b. ADDRESS <u>Lesterville Mo</u>		23c. DATE SIGNED <u>8/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti Missouri</u>	
DATE RECD. BY LOCAL REG. <u>8/31/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Valhalla Funeral Home</u>		ADDRESS <u>Hayti Mo.</u>	

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 *Annel White*

Licensed Embalmer No. *3012*

P. O. Address *Imitor 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.