

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7008**
Registrar's No. **15**

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6159**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Williams		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 1/2 Mi E. of Viola, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Williams	
		d. STREET ADDRESS (If rural, give location) 4 1/2 Mi. East of Viola, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) ORAN b. (Middle) DAVID c. (Last) BONHAM			4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 April 1895
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Days 9	IF UNDER 12 HRS. Hours 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stone County, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Bonham	
13b. MOTHER'S MAIDEN NAME Mary Lightle		14. NAME OF HUSBAND OR WIFE Audrey Bonham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give van or date of service) No	17. INFORMANT'S SIGNATURE OR NAME Audrey Bonham--Rtl Berryville Ark. ADDRESS
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombus	
		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
		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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS [Address]	23c. DATE SIGNED 9 Feb 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-9-55	24c. NAME OF CEMETERY OR CREMATORY McCullough Cemetery	24d. LOCATION (City, town, or county) (State) Stone County, Mo.
DATE REC'D BY LOCAL REG. 2-16-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS	

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

0250

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 Charles M. Nelson

Licensed Embalmer No. 815 Ark.

P. O. Address Berryville, Ark.

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.