

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 39

1. PLACE OF DEATH  
 a. COUNTY Chariton  
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Keytesville Twp. <sup>township</sup>)  
 c. LENGTH OF STAY (in this place) 3-year  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Chariton County Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo. b. COUNTY Chariton  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Keytesville Twp.  
 d. STREET ADDRESS (If rural, give location) Chariton County Rest Home

3. NAME OF DECEASED (Type or Print)  
 a. (First) Henry b. (Middle) \_\_\_\_\_ c. (Last) Bonn  
 4. DATE OF DEATH (Month) (Day) (Year) Aug. 22nd, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH May 1st, 1867 9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Salisbury, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adam Bonn 13b. MOTHER'S MAIDEN NAME Margret Horna 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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 ADDRESS Mrs. Charlie Hayes Mike, Mo.

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  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Respiratory Failure  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Metabolic Failure  
 DUE TO (c) Circulatory collapse  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. Cardiac arrhythmias & Ventricular tachycardia  
 INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Aug 19, 1955, to Aug 22, 1955, that I last saw the deceased alive on Aug 20, 1955, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Walter B. Tutton, D.O. (Degree or title) 23b. ADDRESS Keytesville, Mo. 23c. DATE SIGNED 8-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 24th, 1955 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) Salisbury, Mo.

DATE REC'D BY LOCAL REG. 8-26-55 REGISTRAR'S SIGNATURE W. H. Hawkins 55-7 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Had & Co. Keytesville, Mo.

(Licensed Embalmer's Statecraft on Reverse Side)

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

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**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

*H. P. Gammatt*

Licensed Embalmer No. *3046*

P. O. Address *Keyville, 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.