

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26021**
3275

FILED AUG 17 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 yrs		STREET ADDRESS (If rural, give location) 4845 Gardner	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4845 Gardner			

3. NAME OF DECEASED (Type or Print) a. (First) MAXIE b. (Middle) JAMES c. (Last) BONINE		4. DATE OF DEATH (Month) (Day) (Year) 7/30/55	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/10/1895
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min. 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer retired		10b. KIND OF BUSINESS OR INDUSTRY Co Club Brewery	
11. BIRTHPLACE (City and State or Foreign Country) Versailles, Mo		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME James Bonine	13b. MOTHER'S MAIDEN NAME Cecelia Ann Marriott	14. NAME OF HUSBAND OR WIFE Alberta Bonine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 50022-7320	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pauline Elledge, 5505 E 12th St.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis recent infarct		INTERVAL BETWEEN ONSET AND DEATH
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. History of Heart Condition		4200
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION History of Diabetes		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	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 High Hugh H. Owens (Degree or title) Hugh H. Owens Coroner	23b. ADDRESS 1036 Piute Bldg	23c. DATE SIGNED 8-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/2/55	24c. NAME OF CEMETERY OR CREMATORY Brookings Cem.	24d. LOCATION (City, town, or county) (State) Jackson Co., Mo.
DATE REC'D BY LOCAL REG 8-1-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, K. C. Mo.	

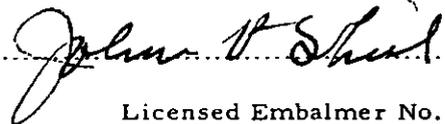
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No..... 36

P. O. Address

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.