

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6176

State File No. ....

FILED MAR 5 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1944

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Madison</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo Jac Hospital</i>		e. STREET ADDRESS <i>1621 6th Street</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Dillard</i> b. (Middle) <i>McGuire</i> c. (Last) <i>BOND</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2 22 1956</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-13-1883</i>
9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>track foreman ret.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Terminal RR</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Livingston, Ky</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Oliver Bond</i>	
13b. MOTHER'S MAIDEN NAME <i>Luanna Browning</i>		14. NAME OF HUSBAND OR WIFE <i>Lucy Bond</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lucy Bond, Madison, Ill.</i>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i> ANTECEDENT CAUSES <i>Arteriosclerotic Ht. Disease</i> 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	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 BOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>420.0</i>	
22. I hereby certify that I attended the deceased from <i>2/21 1956</i> , to <i>2/22 1956</i> , that I last saw the deceased alive on <i>2/21 1956</i> , and that death occurred at <i>2:30 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dr. J. M. ...</i>		23b. ADDRESS <i>New Park</i>	23c. DATE SIGNED <i>2-22</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>2-23-56</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Madison, Ill.</i>
DATE REC'D BY LOCAL REG. <i>FEB 23 1956</i>	REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Francis J. Lahey, Madison, Ill.</i>	

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 *Bill C. Drans*.....

Licensed Embalmer No. *47*.....

P. O. Address *S. Lane*.....

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.