

FILED MAR 20 1956

STANDARD CERTIFICATE OF DEATH

9447

State File No.

BIRTH NO. ... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Jasper.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 3 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		STREET ADDRESS (If rural, give location) 419 Jackson Ave	

3. NAME OF DECEASED (Type or Print) Ray Bond.			4. DATE OF DEATH 3-12-1956		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-3-1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer.		10b. KIND OF BUSINESS OR INDUSTRY Law.		11. BIRTHPLACE (City and State or Foreign Country) Weeber, Neb		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Jacob Bond		13b. MOTHER'S MAIDEN NAME Mary Kurty		14. NAME OF HUSBAND OR WIFE D'Jean Bond	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME D'Jean Bond		ADDRESS 419 Jackson Joplin Mo	
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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) Subarachnoid hemorrhage, left				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease - 35 years					
		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"/>	
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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 2-17, 1956, to 3-12, 1956, that I last saw the deceased alive on 3-12, 1956, and that death occurred at 6:37 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Blue R. K. ...		23b. ADDRESS 805 Travis Bldg Joplin Mo		23c. DATE SIGNED 3-15-56	
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24a. FUNERAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-56	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem	24d. LOCATION (city, town, or county) Webb City Mo
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DATE REC'D BY LOCAL REG 3-16-56	REGISTRAR'S SIGNATURE Novu Merriam	25. FUNERAL DIRECTOR'S SIGNATURE Frank Hill	ADDRESS Hillon Joplin Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 26 1956

Jasper County Health Office
County File Number 5-6-3-2444
Date Filed MAR 19 1956

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..... William E. Neudler

Licensed Embalmer No. 47

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.