

No. 300
10-48

FILED MAY 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14332

State File No.

BIRTH NO. REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Rural-Lesterville Twp</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>4 mi. NE of Lesterville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Sister</u>			

3. NAME OF DECEASED (Type or Print) <u>Louis Richard Bone</u>	c. (Last) <u>Bone</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 21, 1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u>6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mines</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Walker Bone</u>	13b. MOTHER'S MAIDEN NAME <u>Etta Markham</u>	14. NAME OF HUSBAND OR WIFE <u>Harriett Lawson Bone</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>355A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Aaron Bone, Trenton, Michigan</u>	ADDRESS <u>Trenton, Michigan</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	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 <u>331x</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/25/1956, to 4/27/1956, that I last saw the deceased alive on 4/25/1956, and that death occurred at 3:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. M. Fitzpatrick MD</u>	23b. ADDRESS <u>Lesterville Mo</u>	23c. DATE SIGNED <u>4/29/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/30/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Glover, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/27/56</u>	REGISTRAR'S SIGNATURE <u>E. M. Fitzpatrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnell F. White</u>	ADDRESS <u>White Funeral Home, Ironton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0902

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Received 5-7-56

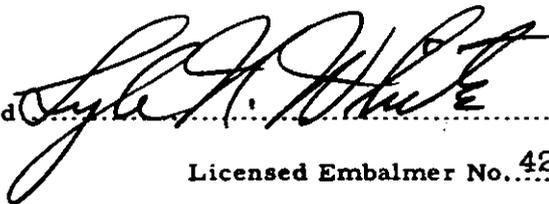
Reynolds County Health

File No. 556 - 21

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. 4295

P. O. Address Ironton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.