

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21357

BIRTH NO.		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 5880		Registrar's No. 34		
1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Linn, Mo.		c. LENGTH OF STAY (in this place) 2 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.				
d. FULL NAME OF HOSPITAL OR INSTITUTION Linn Manor Rest Home				d. STREET ADDRESS (If rural, give location) 222 Brooks St.				
3. NAME OF DECEASED (Type or Print) a. (First) Esther b. (Middle) Gungoll c. (Last) Bond			4. DATE OF DEATH June 8, 1956					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 30, 1894	9. AGE (in years last birthday) 62	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 8	IF UNDER 1 MRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and State or Foreign Country) Hermann, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Emil Gungoll		13b. MOTHER'S MAIDEN NAME Mathilda Moeller		14. NAME OF HUSBAND OR WIFE George Bond				
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louis Wolff Jefferson City, 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) Cerebral Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Smokiness  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X					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 TOWNSHIP) (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?				
22. I hereby certify that I attended the deceased from 4-5-56, 19, to 6-8, 1956, that I last saw the deceased alive on 4-5-56, 1956, and that death occurred at 8 P. M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. T. McFelly M.D.				23b. ADDRESS 507 East High St.		23c. DATE SIGNED 6-12-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1956		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. June 13-1956		REGISTRAR'S SIGNATURE T. A. Owen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buescher Jefferson City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

JUN 20 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 .....  
Student Embalmer

Signed Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson

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.