

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31660**

FILED OCT 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St. James</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Soldiers Home Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>0810</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Dean</b>	b. (Middle) <b>V.</b>	c. (Last) <b>Bonser</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 22, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>	8. DATE OF BIRTH <b>Feb 2, 1892</b>	9. AGE (In years last birthday) <b>64</b>	If UNDER 1 YEAR Months <b>7</b> Days <b>20</b>	If UNDER 1 HR. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dearing Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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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) <b>yes WWL</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Soldiers Home Records</b> ADDRESS <b>St. James</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cancer of the lungs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4</b>
	ANTECEDENT CAUSES <b>Nephritis</b>		
	DUE TO (b) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
DUE TO (c) <b></b>			

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) <b>163x</b>
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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?
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22. I hereby certify that I attended the deceased from **March 3, 1956** to **Sept 22, 1956**, that I last saw the deceased alive on **Sept 22, 1956**, and that death occurred at **9:52 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Red. Grosskreutz</b>	23b. ADDRESS <b>St. James, Mo</b>	23c. DATE SIGNED <b>9-23-56</b>
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24a. BURIAL, CREMATION, REMOVAL <b>Burial</b>	24b. DATE <b>Sept 25 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri 1</b>
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DATE REC'D BY LOCAL REG. <b>9-23-1956</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	5. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Paul</b> ADDRESS <b>St. James, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Phelps County Health Officer,

County File Number 539

Date Filed 10/2/56

OCT 8 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 Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James

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.