

FILED APR 23 1957

STANDARD CERTIFICATE OF DEATH

11999
STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 5001 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>ANDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDRAIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VANDALIA</u>		c. CITY OR TOWN <u>VANDALIA 0041</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME 513 So. Main</u>		d. STREET ADDRESS (If outside, give location) <u>513 So MAIN</u>	
Length of stay in 1b <u>10 YEARS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>ZACCHAEUS THOMAS BONDURANT</u>			4. DATE OF DEATH <u>4 - 13 1957</u>		
5. SEX <u>MALE</u>			6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>10 JAN 1869</u>		
9. AGE (In years last birthday) <u>88</u>			IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		100. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>PIKE COUNTY, MO.</u>	
13. FATHER'S NAME <u>GEORGE T BONDURANT</u>			14. MOTHER'S MAIDEN NAME <u>HARRIATT SWEETING</u>		
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># NONE</u>		17. INFORMANT <u>MRS Z. T. BONDURANT (WIFE)</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary occlusion, acute.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes.</u> <u>years.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>generalized arteriosclerosis</u>	
	DUE TO (c) _____	
PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>marked benign prostatic hypertrophy.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <u>March 2, 1957</u> to <u>April 13, 1957</u> and last saw <u>him</u> alive on <u>April 13, 1957</u> Death occurred at <u>8:45 PM</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Ernest R. Penne MD</u>	22b. ADDRESS <u>209 W Washington Vandalia, Mo.</u>	22c. DATE SIGNED <u>4/14/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-15-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VANDALIA CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>VANDALIA Missouri</u>
24. GENERAL DIRECTOR <u>Jack Wilcox</u>		25. DATE RECD. BY LOCAL REG. <u>April 19 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mallie Fugua</u>

S. 300
Y. 1-56
0041

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 8 1961

JUN 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John W Butler*

Licensed Embalmer No. *444*
Bowling Green Md
P. O. Address.....

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

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.