FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30862
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1012

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 704 N. 7th St. — Length of stay in Ib: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Albany — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Robert Middle: Max Last: Boner

4. DATE OF DEATH Month Day Year: Sept. 19, 1957

5. SEX: male **6. COLOR OR RACE:** white **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Dec. 12, 1933

9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (City and state or country): Albany, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Homer W. Boner

13b. MOTHER'S MAIDEN NAME: Leona Pratt

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): Peacetime

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT Address: Mr. Homer Boner, Albany, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) traumatic shock and hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 981x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [X]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): gun shot wound in chest

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): arartment house

20f. CITY, TOWN, OR LOCATION COUNTY STATE: St. Joseph Buchanan Missouri

21. I attended the deceased from Sept. 19, 1957, to ____ and last saw her/him alive on ____
Death occurred at 12:30a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S.E. Melmey M.D. Coroner Buchanan Co. Mo

22b. ADDRESS: Kirkpatrick Bldg, St. Joseph, Mo.

22c. DATE SIGNED: 9/19/1957

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 9/19/1957

23c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman **ADDRESS:** St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Sept. 23, 1957

26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 2 1957

NOV 26 1957

MAR 27 1958

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 Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 10th [illegible]

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.