

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005363

STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 18

300

-57

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Courtois
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		Length of stay in lb 1 da	d. STREET (If outside, give location) ADDRESS 17 mi E of Steelville
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES BOND			4. DATE OF DEATH Month Day Year Feb. 14 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 8 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Belleview Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Bond		13b. MOTHER'S MAIDEN NAME Sarah Quisenberry	14. NAME OF HUSBAND OR WIFE Ethel 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 Ethel Bond, Bourbon Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Larynx			INTERVAL BETWEEN ONSET AND DEATH 1-yr
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) 161X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 2-14-59 to 2-14-59 and last saw him alive on 2-14-59 Death occurred at 10.55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Tracy A. Gay		22b. ADDRESS Ironton Mo	22c. DATE SIGNED 2-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-17-59	23c. NAME OF CEMETERY OR CREMATORY Arceadia Valley Memorial Park Ironton Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 2-17-59	26. REGISTRAR'S SIGNATURE Maie Ann Jones

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ancel J. White*

Licensed Embalmer No. *3012*

P. O. Address *Denton, 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.