Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009023
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 347

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Spr fld, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns Hosp. — Length of stay in 1b: 2½ wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Greene
c. CITY OR TOWN: Spr fld, Mo. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS: 519 E Harrison St. (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Alberta Middle: Edith Last: Bonnell

4. DATE OF DEATH: Month: March Day: 30 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [X]

8. DATE OF BIRTH: Nov. 11, 1910

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months: 4 Days: 19 — IF UNDER 24 HRS.: Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: Mfg.

11. BIRTHPLACE (City and state or country): Dallas County Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: —

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

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: Lena Cheek Address: Spr fld, Mo.

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): Ignition — INTERVAL BETWEEN ONSET AND DEATH: few mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinomatosis — "
DUE TO (c): Carcinoma of stomach — "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 151X

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

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

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. Month, Day, Year

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

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 1-15-59, to 3-30-59 and last saw her/him alive on 3-29-59
Death occurred at 12:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G B Lemmon (Degree or title)

22b. ADDRESS: Springfield, Mo.

22c. DATE SIGNED: 3-30-59

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

23b. DATE: Apr. 1, 1959

23c. NAME OF CEMETERY OR CREMATORY: Macedonia Cem.

23d. LOCATION (City, town, or county) (State): Dallas County Mo.

24. FUNERAL DIRECTOR: Montgomery Funeral Home ADDRESS: Buffalo Mo.

25. DATE RECD. BY LOCAL REG.: 4-2-59

26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be treated. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Vernon H. Vieta, Student Embalmer No. 565 working under my personal supervision.

Student Vernon H. Vieta
Signature of Student Embalmer

Signed Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Ia

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.