

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012452

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 213

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>DUNKLIN</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MALDEN.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOCTORS HOSP</u>		Length of stay in lb <u>6 HOURS</u>	d. STREET ADDRESS (If outside, give location) <u>503 S. EDWARDS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARK WILLIAM BONHAM</u>			4. DATE OF DEATH Month Day Year <u>APRIL 28 1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-28-1958</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>8</u> Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (City and state or country) <u>MALDEN, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CLARENCE BONHAM</u>		13b. MOTHER'S MAIDEN NAME <u>VERNON HOOSIER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>CLARENCE BONHAM, MALDEN, MO</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>Salicylate Poisoning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aspirin given for gastro-enteritis</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>5410K</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 Da</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 _____ 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 _____ to _____ and last saw her alive on _____ Death occurred at <u>6:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Arthur C Parker, Jr M.D.</u>		(Degree or title)	22b. ADDRESS <u>Poplar Bluff, Mo</u>		22c. DATE SIGNED <u>4/30/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>M. PARK</u>		23d. LOCATION (City, town, or county) (State) <u>MALDEN, MO.</u>
24. FUNERAL DIRECTOR <u>D &amp; K. FUNERAL SERV, MALDEN</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5/2/59</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

etc

7008

etc

etc

FILE No.

**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 .....

Licensed Embalmer No.....

P. O. Address .....

**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.**