

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024338

FILED VS JUL 15 1960

318 Primary Registration District No. 1003 Registrar's No. 6866

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		c. CITY OR TOWN <i>ST LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>NONE</i>		d. STREET ADDRESS (If outside, give location) <i>H H H U EVANS</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>LOUAGNEST BOND</i>			4. DATE OF DEATH Month Day Year <i>7 . 6 . 60</i>			
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5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-1-1878</i>	9. AGE (last birthday) <i>81</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NIL</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NIL</i>		11. BIRTHPLACE (City and state or country) <i>MASON TENN</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	

13a. FATHER'S NAME <i>BEN NORFORK</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE <i>DDNIE G. BURT H H H U EVANS</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT <i>DDNIE G. BURT H H H U EVANS</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
IMMEDIATE CAUSE (a) <i>Carcinoma of Cervix</i>		
DUE TO (b) <i>Massive Vaginal Bleeding</i>		
DUE TO (c) <i>171X</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <i>June 27, 1960</i> to <i>July 6, 1960</i> and last saw her/him alive on <i>June 29, 1960</i> Death occurred at <i>7/6/60 5:00 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Leslie F. Bond M.D.</i>	(Degree or title)	22b. ADDRESS <i>5801 1/2 Easton Ave</i>	22c. DATE SIGNED <i>7/6/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) <i>COVINGTON TENN</i>
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24. FUNERAL DIRECTOR <i>SWAN-MCGHEE UND. CO</i>	ADDRESS <i>1619 N UNION</i>	25. DATE RECD. BY LOCAL REG. <i>JUL 8 1960</i>	26. REGISTRAR'S SIGNATURE <i>Roan Smith M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. Edward G. Flynn

Licensed Embalmer No. 444
P. O. Address St. Louis

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