

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018733

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 328 Primary Registration District No. 4488 Registrar's No. 9

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1963

VS 300 Rev. 4/59	DATE AMENDED	
1 1000		
2 1000		
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4 0		
5 2		
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7 0		
8 2		
9 94200		
10		
11 1291-0		
13 1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Scott City		Length of stay in 1b 20 min.	c. CITY OR TOWN Illmo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Irene's Cafe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLEY (NMI) BOND			4. DATE OF DEATH Month Day Year April 15, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 19, 1885
9. AGE (last birthday) 78		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Naylor, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME George Band	
14. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Ethel M Ward Bond (dec)	
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. [REDACTED]	
17. INFORMANT Mrs. Marie Baker Cape Girardeau, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			UNDETERMINED
DUE TO (c) & CORONARY ARTERIOSCLEROSIS			UNDETERMINED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)	
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
21. I attended the deceased from 7-15-63 to 4-15-63 and last saw him alive on 3-29-63 Death occurred at 1:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert G. Laffoon</i> (Degree or title)		22b. ADDRESS M. D. Illmo, Missouri	22c. DATE SIGNED 4/16/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/17/63	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial	23d. LOCATION (City, town, or county) (State) Advance, Missouri
24. FUNERAL DIRECTOR Bisplinghoff Fun'l Home Illmo, Mo		25. DATE RECD. BY LOCAL REG. April 18-63	26. REGISTRAR'S SIGNATURE <i>Mrs. Fred Bisplinghoff</i>

USE BLACK INK OR TYPEWRITER RIBBON

APR 24 1963

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 Oliver Clumick

Licensed Embalmer No. 4470

P. O. Address Illino. 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.