MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED AUG 17 1964

Registration District No. 3010 Primary Registration District No. 3010 Registrar's No. 3 0030608 STATE FILE NUMBER 0030608

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0168
2 0160
3 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. **PLACE OF DEATH**
   a. COUNTY: Cape Girardeau
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b:
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osteopathic Hospital — Inside Limits: Yes [X] No [ ]

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo. b. COUNTY: Cape Girardeau
   c. CITY OR TOWN: Old Appleton — Inside Limits: Yes [X] No [ ]
   d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. **NAME OF DECEASED** (Type or print): First: Elvis Middle: Leroy Last: Bonney

4. DATE OF DEATH: Month, Day, Year: Aug. 10, 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: April 9, 1912

9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Shoe

11. BIRTHPLACE (City and state or country): Oak Ridge, Mo.

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

13a. FATHER'S NAME: Leo J. Bonney

13b. MOTHER'S MAIDEN NAME: Jessie Parmenter

14. NAME OF HUSBAND OR WIFE: Lanita Bonney

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.:

17. INFORMANT — Address: R.1. 089-Earsel Bonney, Oak Ridge, 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): RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b): MEDULLARY FAILURE — 1 DAY
   DUE TO (c): PULMONARY CONGESTION

   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BRONCHIECTASIS

   PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] 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 8-5-64, to 8-10-64 and last saw him alive on 8-10-64
   Death occurred at 11:55 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title): Henry J Konca DO

22b. ADDRESS: 105 S. Spanish St Cape Girardeau, Mo.

22c. DATE SIGNED: 8/12/64

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

23b. DATE: 8-11-64

23c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery

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

24. FUNERAL DIRECTOR — ADDRESS: Albert Bey, Perryville, Mo.

25. DATE RECD. BY LOCAL REG.: 8-12-64

26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

Call 7120 x Sons 7.4.
4-1313

AUG 19 1964

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,

~~Stanley~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert Bell

Licensed Embalmer No. 3[illegible]

P.O. Address Jeffersonville, Ind.

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.