

# James E. Honea

**BIRTH** 17 Feb 1924  
**DEATH** 6 Aug 1962 (aged 38)  
**BURIAL** Bourbon Cemetery  
 Bourbon, Crawford  
 County, Missouri, USA

**MEMORIAL ID** 77877425 ·



Photo added by Lloyd L. & Claire L. West



Added by 'Lonely Traveler'



Added by 'Lonely Traveler'

## Family Members

### Parents



**James Edward Honea**  
 1884–1966



**Martha M. Winkelmann Honea**  
 1890–1972

### Spouse



**Zula F. Honea**  
 1924–2009

### Siblings



**Frances B. Dittmeyer Larson**  
 1910–1985



**Lewis A. Honea**  
 1924–1975

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032548

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7770

FILED AUG 22 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri.</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		c. CITY OR TOWN <u>Mattese</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>40 Kassebaum Lane</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Edward</u> Last <u>Honea, Jr.</u>						4. DATE OF DEATH Month <u>August</u> Day <u>6</u> Year <u>1962</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/17/1924</u>		9. AGE (last birthday) <u>38</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Industrial Molasses</u>		11. BIRTHPLACE (City and state or country) <u>Bourbon, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Edward Honea, Sr.</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Winkelmann</u>				14. NAME OF HUSBAND OR WIFE <u>Zula Honea</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.II</u>				16. SOCIAL SECURITY NO. <u>486-28-8006</u>		17. INFORMANT Address <u>Zula Honea, 40 Kassebaum Lane,</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>Cardiac arrest;</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>suffered when electrocuted while working at Industrial Molasses Corp. on Aug 6<sup>th</sup> 1962</u> DUE TO (c) <u>accident</u>										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>914.3-05</u>										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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>							
20c. TIME OF INJURY Hour <u>1</u> a.m. p.m. Month, Day, Year <u>8-6-62</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>24 Factory</u>		20f. CITY, TOWN, OR LOCATION <u>St Louis, Mo</u>		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Paul Simon Deputy Coroner</u>						22b. ADDRESS <u>1300 Clark</u>				22c. DATE SIGNED <u>8/8/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			23b. DATE <u>8/7/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>			23d. LOCATION (City, town, or county) <u>Bourbon, Missouri</u>			
24. FUNERAL DIRECTOR <u>Hoener Funeral Home, Cuba, Missouri.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>AUG 8 1962</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>			