

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5787

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422 Registrar's No. 39

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dewitt</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |

| | | | |
|---|-------------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) <u>MARTIN</u> | b. (Middle) | c. (Last) <u>BUNCH</u> | (Month) (Day) (Year) <u>Feb 25 1949</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 28 1886</u> |
| 9. AGE (In years last birthday) <u>62</u> | | 10. IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Engineer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Newburg Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Bunch</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Roach</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lena Bunch</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>Mo 702-07-8477</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Bunch</u> ADDRESS <u>Newburg Mo</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, bilateral</u> | | <u>6 days</u> | |
| DUE TO (c) <u>External trauma to back following</u> | | <u>5</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>attempted suicide by drowning.</u> | | <u>\$915</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newburg Phelps Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 18 49 2:00</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>Dropped into river from bridge</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>2:18</u> , 19 <u>49</u> , to <u>2:25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>49</u> , and that death occurred at <u>7:45 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Engel Nelson</u> | | 23b. ADDRESS <u>Waynesville Mo</u> | |
| 23c. DATE SIGNED <u>3-5-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb 27-1949</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Roach</u> | | 24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>March 8, 1949</u> | | REGISTRAR'S SIGNATURE <u>Shelma C. Buckthorpe</u> | |
| FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.~~

Signed.....

Lee Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. *3392*

P. O. Address *Newburg 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 this body is not embalmed, fact should be so stated above.