No. 300
10.46

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8294

BIRTH NO. _____ REG. DIST. NO. *149* PRIMARY REG. DIST. NO. *1002* Registrar's No. **1055**

48 3/8

**1. PLACE OF DEATH**

a. COUNTY *Jackson*

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Hanson City, Mo*

c. LENGTH OF STAY (in this place) *2 weeks*

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *home 2025 Cypress*

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE *Mo*

b. COUNTY *Henry 43*

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Montrose*

d. STREET ADDRESS (If rural, give location) *none*

**3. NAME OF DECEASED** (Type or Print)

a. (First) *Edward*  b. (Middle) *Sherman*  c. (Last) *Bundy*

**4. DATE OF DEATH** (Month) (Day) (Year) *Mar. 8 1949*

**5. SEX** *M*

**6. COLOR OR RACE** *W*

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** *Married*

**8. DATE OF BIRTH** *Nov 3 1866*

**9. AGE** (In years last birthday) *82*  If under 1 year Months *4* Days *5*  If under 24 hrs. Hours Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country) *Hermantown, Mo.*

**12. CITIZEN OF WHAT COUNTRY?** *U.S.*

**13a. FATHER'S NAME** *William C. Bundy*

**13b. MOTHER'S MAIDEN NAME** *Mary Dumlower*

**14. NAME OF HUSBAND OR WIFE** *Mae Bundy*

**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.** *No*

**17. INFORMANT'S SIGNATURE OR NAME** *Irvin Bundy 2025 Cypress Mo*  ADDRESS *Mo*

## MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c).

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Acute left ventricular failure* — INTERVAL BETWEEN ONSET AND DEATH *19 hours*

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) *Arteriosclerotic coronary disease* *20 yrs?*

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. *4201*

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from *3'7*, 19*49*, to *3'8*, 19*49*, that I last saw the deceased alive on *3'7*, 19*49*, and that death occurred at *7:30 A* m., from the causes and on the date stated above.

**23a. SIGNATURE** Jack M. Davis *Jack M. Davis M.D.* (Degree or title)

**23b. ADDRESS** *Baytown, Mo.*

**23c. DATE SIGNED** *3'8'49*

**24a. BURIAL, CREMATION, REMOVAL (Specify)** *Removal*

**24b. DATE** *3-8-49*

**24c. NAME OF CEMETERY OR CREMATORY** *Montrose*

**24d. LOCATION** (City, town, or county) *Camotag.* (State) *Montrose Mo.*

DATE REC'D BY LOCAL REG. *3-8-49*

REGISTRAR'S SIGNATURE *Geraldine Holmes*

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS *Oscar Eckloff*

(Licensed Embalmer's Statement on Reverse Side)

## 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 .............................
            Student Embalmer

Signed _Oscar Eddy_

Licensed Embalmer No. _39 82_

P. O. Address _Appleton City M_

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.