

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29458

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 97 PRIMARY REG. DIST. NO. 3008 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jullon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4</u> OR TOWN <u>Benton City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 1</u>		d. STREET ADDRESS (If rural, give location) <u>501</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Bungan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 21-1894</u>
9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		IF UNDER 2 HRS. Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Born County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thos. Toolson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Cowden</u>	14. NAME OF HUSBAND OR WIFE <u>Dead</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>S. J. Bungan</u>	ADDRESS <u>414 N-5th Linn Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Syphilis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had suffered 3 cerebral strokes</u>		<u>026X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 17, 1944, to 9-5, 1949, that I last saw the deceased alive on 9-5, 1949, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M. G. Miller for P. S. Tate</u> (Degree or title)	23b. ADDRESS <u>State Hosp. # 1 - Jullon Mo</u>	23c. DATE SIGNED <u>9-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u>
		24d. LOCATION (City, town, or county) (State) <u>Audrain County, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Sept 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. C. M. Tate</u>	ADDRESS <u>East E. Priddy, Mexico Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 13 1949
District Health Officer No. 9,
District File Number.....

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Carl F. Puck

Signed.....
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Milwaukee, 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.