. No. 200
. 10.46

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FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31106

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 13-50

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphreys Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller 0660
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon Rural 0
d. STREET ADDRESS (If rural, give location): Franklin Township

3. NAME OF DECEASED (Type or Print): a. (First) CAROL b. (Middle) JANET c. (Last) BUNCH

4. DATE OF DEATH (Month) Sept (Day) 24 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: June 26 1949
9. AGE (In years last birthday): 1 If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tuscumbia, Missouri 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Leonard Bunch
13b. MOTHER'S MAIDEN NAME: Rita Gier
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Leonard Bunch ADDRESS: Eldon, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture Brain injury — INTERVAL BETWEEN ONSET AND DEATH: Hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Accidently run over by Auto — 68124
DUE TO (c)

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 66
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Eldon, (COUNTY) Miller, (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-24-50 8:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Apparently run over by Car.

22. *I hereby certify that I attended the deceased from* 9-24, 1950, *to* 9-24, 1950, *that I last saw the deceased alive on* 9-24, 1950, *and that death occurred at* 10:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Humphreys D. O. (Degree or title)
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 9-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Sept. 26 1950
24c. NAME OF CEMETERY OR CREMATORY: Eldon
24d. LOCATION (City, town, or county) (State): Eldon, Missouri

DATE REC'D BY LOCAL REG.: Sept. 26, 1950
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright 291
25. FUNERAL DIRECTOR'S SIGNATURE: Louis D. Phillips ADDRESS: Eldon

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 27 1950
MILLER COUNTY HEALTH
DEPARTMENT

OCT 13 1950

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Texarkana

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.