

FILED DEC 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41847

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 70

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

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. LENGTH OF STAY (If this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Richmond		0891
d. FULL NAME OF HOSPITAL OR INSTITUTION None			d. STREET ADDRESS (If rural, give location) 330 So. 2nd St.		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Helen	b. (Middle) Louise	c. (Last) Bunch	Dec. 8, 1950		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 4, 1918	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months 9 Days 4	IF UNDER 2 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Mrs. Charles Thacker	14. NAME OF HUSBAND OR WIFE Richard Bunch
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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. None	17. INFORMANT'S SIGNATURE OR NAME Richard Bunch	ADDRESS Richmond, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos. 1 yr. 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Carcinoma of cervix uteri		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of cervix with metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 171X

22. I hereby certify that I attended the deceased from **March 7, 1949**, to **Dec. 8, 1950**, that I last saw the deceased alive on **Dec. 8, 1950**, and that death occurred at **11:10 PM** from the causes and on the date stated above.

23a. SIGNATURE M. Johnson, M.D.	(Degree or title)	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 12/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Hughes Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Mo.
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DATE REC'D BY LOCAL REG. Dec 15 - 1950	REGISTRAR'S SIGNATURE Mabel Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Al Johnson	ADDRESS RICHMOND, MO.
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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 H. C. Richeson

Licensed Embalmer No. 4792

P. O. Address Richmond 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.