

FILED AUG 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23641

BIRTH NO. REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4300 Registrar's No. 11

0580

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leclade</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leclade</u> 0580	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>POWELL</u> c. (Last) <u>BUNDIES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-51</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>-12-26-1867</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>6</u>	11. DAYS <u>17</u>	12. IF UNDER 18 HRS. Hour <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Henry Bundies</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Brookshire</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Fred Howledge, Leclade</u> ADDRESS <u>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, asthma, 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>Carcinoma of skin</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>10 yrs left Mastoid (ear)</u>						<u>2 yrs</u>	
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>Metastasis of carcinoma of skin to brain</u>								<u>4 wks</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from Sept 2, 1949, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Boyd P. Haley, M.D.</u> (Degree or title)		23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>7-17-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jenkins</u>		24d. LOCATION (City, town, or county) (State) <u>Browning, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>July 15-1951</u>		REGISTRAR'S SIGNATURE <u>Chris A. Martens</u> 169		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers, Leclade</u> ADDRESS <u>Mo</u>	
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Date Received: JUL 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1357
Date Filed: JUL 30 1951

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.....
Student Embalmer

Signed.....

W. P. Wright

Licensed Embalmer No. 4655

P. O. Address. *Larchmont, N.Y.*

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.