

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26407

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Christian Co 0220		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo 0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Mo		d. STREET ADDRESS (If rural, give location) Ozark Mo 0	

3. NAME OF DECEASED (Type or Print) Cecil a. (First) Bunch c. (Last)			4. DATE OF DEATH July 9 1951 (Month) (Day) (Year)		
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30, 1886	9. AGE (In years last birthday) 65 1/2	IF UNDER 1 YEAR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Mo 0	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME James W Bunch		13b. MOTHER'S MAIDEN NAME Harriet CRAIN		14. NAME OF HUSBAND OR WIFE Gertrude Bunch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Gertrude Bunch ADDRESS Ozark 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia & Lung Cancer		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown		
	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		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 **June 30, 1951**, to **July 9, 1951**, that I last saw the deceased alive on **July 9, 1951**, and that death occurred at **8:30 a.m.** from the causes and on the date stated above.

23a. SIGNATURE R. R. Fethering M.D. (Degree or title)		23b. ADDRESS Ozark Mo		23c. DATE SIGNED 7-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Ozark Cemetry	
				24d. LOCATION (City, town, or county) (State) Ozark Mo	

DATE REC'D BY LOCAL REG. July 30, 1951		REGISTRAR'S SIGNATURE Loretta Leonard		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin ADDRESS Ozark Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No: 5 - Springfield

RECEIVED AUG 16 1971
Dist. File 851-1504
Date Filed 8-25-71

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.