

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

29673

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY OR TOWN <u>Rural Oregon</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Camdenton</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>							
3. NAME OF DECEASED (Type or Print) <u>Elmer</u>		a. (First) <u>Elmer</u>		b. (Middle) <u>Ciel</u>		c. (Last) <u>Bunch</u>	
4. DATE OF DEATH <u>Sep 8 - 1927</u>		(Month) (Day) (Year)					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wht</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 24 - 1884</u>	
9. AGE (in years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor - Woodwork</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Bunch</u>		13b. MOTHER'S M maiden name <u>Emmel Curmeth</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Ischler West</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Bunch Camdenton Mo</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leucoplegia - Heart</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION: _____		20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 1920</u> , 19 <u>20</u> , to <u>2-6-27</u> , 19 <u>27</u> , that I last saw the deceased alive on <u>9-7</u> , 19 <u>27</u> , and that death occurred at <u>12 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas C. Clackorn M.D.</u>				23b. ADDRESS <u>Camdenton Mo</u>		23c. DATE SIGNED <u>9-28-27</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sep 10 - 27</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Home</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sep 28 - 1927</u>		REGISTRAR'S SIGNATURE <u>Alpha Shaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banks - Woolery</u>		ADDRESS <u>Camdenton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10-1-51

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

Robert Woolery

Licensed Embalmer No.

2488

P. O. Address

Camden, N.J.

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.