

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36730

State File No.

FILED DEC 11 1951

Registrar's No. 321

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>321</u>		
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>				
c. LENGTH OF STAY (If in place) <u>3 DAYS</u>				d. STREET ADDRESS (If rural, give location) <u>1605 E. HIGH</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 6, 1951</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>			b. (Middle) _____			c. (Last) <u>BUNGART</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JAN. 22, 1936</u>		
9. AGE (In years last birthday) <u>15</u>		# UNDER 24 HRS. <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT SCHOOL</u>		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY, MO.</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>OTTO B. BUNGART</u>			13b. MOTHER'S MAIDEN NAME <u>IDA HEIMERICKS</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ida K. Kethung</u>		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Toxicemia</u>				INTERVAL BETWEEN ONSET AND DEATH	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Peritonitis</u>					
			DUE TO (c) <u>Perforated Appendix</u>					
			11. 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 checked="" type="checkbox"/> NO <input 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) m.			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 <u>Dec 2, 1951</u> , to <u>12-6, 1951</u> , that I last saw the deceased alive on <u>12-6, 1951</u> , and that death occurred at <u>12:05 PM</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. McHally</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>405 Central Trust Bldg</u>		23c. DATE SIGNED <u>12-6-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 7-51</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD & MR</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Sybilista Gull</u>		ADDRESS <u>J. C. MO</u>	

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

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RECEIVED **DEC 10 1951**

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed **DEC 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.