

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7799

State File No. ....

FILED MAR 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 60

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

1. PLACE OF DEATH a. COUNTY <u>Coke</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (in this place) <u>5 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still Osteo. Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(ELDON) RUPA - FRANKLIN</u>	
		d. STREET ADDRESS (If rural, give location) <u>2 mi. S. W. Rocky + Mt 0660</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martha</u>	b. (Middle) <u>HANNAH</u>	c. (Last) <u>Bunch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 9, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Oct. 20, 1860</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (State or foreign country) <u>Eldon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George WARD</u>	13b. MOTHER'S MAIDEN NAME <u>Charity KAUGBN</u>	14. NAME OF HUSBAND OR WIFE <u>Simon W. Bunch</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cornice McConnell</u>	ADDRESS <u>Eldon, 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>Arterio-sclerosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4211</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from MAY 7, 1952, to MAR. 9, 1952, that I last saw the deceased alive on MAY 9, 1952, and that death occurred at 12:16 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Leon B. Lake</u> (Degree or title) <u>DD</u>	23b. ADDRESS <u>Jefferson City MO</u>	23c. DATE SIGNED <u>3-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11 MARCH 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	24d. LOCATION (City, town, or county) (State) <u>Miller Co - MO</u>
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DATE REC'D BY LOCAL REG. <u>March 10-1952</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Mays</u>	ADDRESS <u>ELDON MO</u>
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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

*Keith M. Kays*

Licensed Embalmer No.

*3998*

P. O. Address

*Eldon 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.