

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 25 1952 STANDARD CERTIFICATE OF DEATH

19877

State File No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4138 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Mo</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u>	
c. LENGTH OF STAY (in this place) <u>4 mo.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARIE</u>	b. (Middle) <u>E.</u>	c. (Last) <u>BUNNING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-52</u>
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5. SEX <u>Fe!</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED (SEPARATED)</u>	8. DATE OF BIRTH <u>FEB-25-1894</u>	9. AGE (in years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Clerical - Clearing</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PUB. Co. Chicago</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Geo. Reimenschneider</u>	13b. MOTHER'S MAIDEN NAME <u>Margie Joiner</u>	14. NAME OF HUSBAND OR WIFE <u>MAURICE BUNNING (SEPARATED)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-18-4605</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margie Layman - Chicago Ill.</u>	ADDRESS <u>Chicago Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Pneumonia Bacterial</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) _____ 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"/>
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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) <u>170X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Mar 10 1952 to 6/12 1952 that I last saw the deceased alive on 6/12 1952 and that death occurred at 12:50 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Tongfield M.D.</u>	23b. ADDRESS <u>Father St. Mo.</u>	23c. DATE SIGNED <u>6/13/52</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McDaniel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-16-52</u>	REGISTRAR'S SIGNATURE <u>Winifred Mober</u>	390	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Max Crank</u>	ADDRESS <u>Cameron Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

250
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MA 26-1952

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Tachop, 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.