

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25133

State File No.

FILED JUL 21 1952

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> ⁰⁶⁷¹		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>	
b. CITY OR TOWN <u>East Prairie</u>		c. CITY OR TOWN <u>East Prairie</u> ⁰⁶⁷¹	
c. LENGTH OF STAY (in this place) <u>22 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWARD</u>	b. (Middle)	c. (Last) <u>BUNHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-4-1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR (Months) <u>4</u>	IF UNDER 24 HRS. (Hours) <u>8</u>	IF UNDER 60 MIN. (Min.)
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10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Common labourer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</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>unk</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline Campbell</u>	ADDRESS <u>East Prairie</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* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>		
	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)
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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 July 10, 1952, to July 12, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 8 P. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.P. Martin MD</u>	23b. ADDRESS <u>East Prairie, Mo</u>	23c. DATE SIGNED <u>7-15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.D.W. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-16-52</u>	REGISTRAR'S SIGNATURE <u>Bertrud G. Harper</u>	197-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chavis Shelby</u>	ADDRESS <u>East Prairie, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 17 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 18 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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.