

AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25232

| | | | | | | | |
|--|---------------------------|---|---------------------------------------|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 264 | | PRIMARY REG. DIST. NO. 1891 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY <u>Cook</u> 0770 | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>John Budge</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Douglas</u> | |
| c. LENGTH OF STAY (If in this place) <u>4 1/2 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u> 0340 | | d. STREET ADDRESS (If rural, give location) <u>R.T.D.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | | |
| a. (First) <u>Everett</u> | b. (Middle) <u>Bunch</u> | | c. (Last) | | 7-20-1952 | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>4-2-1904</u> | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | | 11. BIRTHPLACE (State or foreign country) <u>Douglas Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Joe Bunch</u> | | 13b. MOTHER'S MAIDEN NAME <u>Joseph Collins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Labys Bunch</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no/unknown) <u>✓</u> | | 16. SOCIAL SECURITY NO. <u>487-24-1011</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Labys Bunch</u> ADDRESS <u>Willow Springs</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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 | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | | | 4201 | |
| 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) (Min.) | | 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>2-11-1949</u> , to <u>7-20</u> , 1952, that I last saw the deceased alive on <u>4-21</u> , 1952, and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. Collins</u> (Degree or title) | | | | 23b. ADDRESS <u>WEST PLAINS, Mo.</u> | | 23c. DATE SIGNED <u>7/3/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>7-22-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Imman</u> | | 24d. LOCATION (City, town, or county) (State) <u>Imman, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>X</u> | | REGISTRAR'S SIGNATURE <u>461-1</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains Mo</u> | | | |

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

STATEMENT BY LICENSED EMBALMER

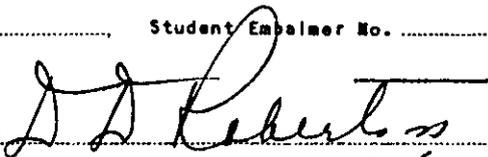
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3437

P. O. Address Westham M

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.