

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37994

State File No.

FILED DEC 10 1952

BIRTH NO. 127 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Christian</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>		c. LENGTH OF STAY (in this place) <u>60 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>		<u>0223</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Ozark Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Christian Ozark Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annetta</u>			b. (Middle) <u>G.</u>	c. (Last) <u>Bunch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 9, 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles L. Warren</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Pettijohn</u>		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT'S SIGNATURE OR NAME <u>James Wallace, Ozark, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>with Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>with Cold</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 <u>492x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>Nov 23 1952</u> , to <u>Nov 24 1952</u> that I last saw the deceased alive on <u>Nov 23, 1952</u> , and that death occurred at <u>9:45 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. R. Forthing M.D.</u>			23b. ADDRESS <u>Ozark Mo.</u>		23c. DATE SIGNED <u>11-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 26 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 4-1952</u>	REGISTRAR'S SIGNATURE <u>Luteta Leonard</u>	59-9	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Chaffin</u>		
			ADDRESS <u>Ozark, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.