

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13939**

FILED MAY 4 1953

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 110	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (In this place) 26 days		c. CITY (If outside corporate limits, write RURAL and give township) Loury City		d. STREET ADDRESS (If rural, give location) 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) DAVID		c. (Last) BUNCH		4. DATE OF DEATH (Month) (Day) (Year) April 26, 1953	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1		8. DATE OF BIRTH Sept. 6, 1881	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Clair Co. Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hugh Bunch		13b. MOTHER'S MAIDEN NAME Laura Bickel		14. NAME OF HUSBAND OR WIFE Mary Bunch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Bunch, Loury City, Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) Cerebral Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				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 3-31, 1953 , to 4-26, 1953 , that I last saw the deceased alive on 4-25, 1953 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. J. W. 200		(Degree or title)		23b. ADDRESS Clinton Mo		23c. DATE SIGNED Apr. 27	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 27-53		24c. NAME OF CEMETERY OR CREMATORY Loury City Cem.		24d. LOCATION (City, town, or county) (State) Loury City, Mo	
DATE REC'D BY LOCAL REG. May-2-53		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Busant		ADDRESS Clinton, Mo	

(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 W. A. Tausant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.