

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14647

FILED MAY 14 1953

State File No. _____
Registrar's No. 186

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5368</u>		State File No. _____		Registrar's No. <u>186</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY Jackson				a. STATE Kansas		b. COUNTY Crawford					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Township			c. LENGTH OF STAY (In this place) 51 days			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pittsburg, Kan. R.R. #2			8150		
d. FULL NAME OF HOSPITAL OR INSTITUTION 107 S. Huttig (Rural)				d. STREET ADDRESS (If rural, give location) R.R. #2							
3. NAME OF DECEASED			4. DATE OF DEATH			(Month) April		(Day) 28		(Year) 1953	
a. (First) GEORGE			b. (Middle)			c. (Last) BUNNEY					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/21/1879		9. AGE (In years last birthday) 73	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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) England			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jack Bunney			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Laura Ellen Bunney					
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. 513-09-5620		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Ellen Bunney, Pittsburg, Kan. R.R. #2							
18. CAUSE OF DEATH	MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH 24 hours		
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage										
	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 331x								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) m.		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>3/20</u> , 19 <u>53</u> , to <u>9/28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/28</u> , 19 <u>53</u> and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree & Title) J. W. Smith, M.D.				23b. ADDRESS 10229 Independence K.C. Mo				23c. DATE SIGNED 4/28/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/28/53		24c. NAME OF CEMETERY OR CREMATORY Pittsburg, Kansas		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. 4-28-53		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO.						

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

Dr. Fred Hinkle: 10229 Indep. Ave.

after 2 pm.

Receipt at 2:00 pm.

MAY 14 1957

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

Walter H. Erwin

Licensed Embalmer No.

4352

P. O. Address

Kansas City, 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.