

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17032

State File No.

FILED JUN 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>158</u>				
1. PLACE OF DEATH a. COUNTY <u>Boone</u> <u>01050</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macomb</u> <u>10</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, Mo.</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u> <u>1</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>116 No. Jones St.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cena</u> b. (Middle) <u>Eugenia</u> c. (Last) <u>Bundy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-1953</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-26-1884</u>				
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Near Kirksville Missouri</u>				
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Robert Scobee</u>		13b. MOTHER'S MAIDEN NAME <u>Nanie B. Scobie</u>		14. NAME OF HUSBAND OR WIFE <u>Guy Bundy</u>			
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>			ADDRESS		
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>Pulmonary Embolus</u> ANTECEDENT CAUSES DUE TO (b) <u>Post-operative swelling of left leg and abdomen.</u> DUE TO (c) <u>Adenocarcinoma of Endometrium with metastases.</u> 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 <u>5/27/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>retroperitoneal metastases</u>					172X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>May 18, 1953</u> , to <u>June 5, 1953</u> , that I last saw the deceased alive on <u>June 5, 1953</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Richard E. Johnson M.D. 1944</u>					23b. ADDRESS <u>Cancer Hosp. Columbia, Mo.</u>			23c. DATE SIGNED <u>6/6/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>June 6 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> <u>31-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hallett General Home Columbia, Mo.</u> ADDRESS					

(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~~

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Lynnan Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.