

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17278**

No. 300

10-48

FILED JUN 1-1953

REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **157**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 8 yrs.		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION 327 South Spanish Street		d. STREET ADDRESS (If rural, give location) 327 South Spanish Street	

3. NAME OF DECEASED (Type or Print) JOSEPH			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 24, 1863			9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 5 Days 0	IF UNDER 24 HRS. Hours 0 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, ret.				10b. KIND OF BUSINESS OR INDUSTRY Farming				11. BIRTHPLACE (City and State or Foreign Country) McClure, Illinois			12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME A. J. Bunch			13b. MOTHER'S MAIDEN NAME Minerva Sams			14. NAME OF HUSBAND OR WIFE Nellie Jane 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 Dr. L. S. Bunch			ADDRESS Cape Gir., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS		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 415X						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) (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 **3-10, 1953** to **4/24, 1953** that I last saw the deceased alive on **4/24, 1953** and that death occurred at **327 S. Sp.**, from the causes and on the date stated above.

23a. SIGNATURE W. Swartz		(Degree or title)		23b. ADDRESS Mo. Cape Girardeau		23c. DATE SIGNED 5/25/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 26, 1953		24c. NAME OF CEMETERY OR CREMATORY Lindsay Cemetery		24d. LOCATION (City, town, or county) (State) McClure, Illinois	
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DATE REC'D BY LOCAL REG. 5-25-53		REGISTRAR'S SIGNATURE W. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home		ADDRESS Cape Gir., Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

164

770.

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

William Lee Jones

Licensed Embalmer No. *4412*

P. O. Address *Cape Girardeau*

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.