

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32130**

FILED SEP 23 1953

0495

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>426</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>CRAWFORD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OPOLIS</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET NUMBERS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		b. (Middle) <u>ETHEL</u>		c. (Last) <u>BUNTING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER, 16, 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>SEPTEMBER-28-1889</u>	
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>11</u>		11. DAYS <u>18</u>		12. IF UNDER 18 HRS. Hours Min.	
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 <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>FAULKNER, KANSAS,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HEWEY McKINNIS</u>		13b. MOTHER'S MAIDEN NAME <u>NOT OBTAINABLE</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM H. BUNTING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>REV. WILLIAM H. BUNTING, OPOLIS, KAN.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Liver, metastatic from sigmoid colon and urinary bladder</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Essential cerebral metastatic carcinoma</u> DUE TO (c) <u>Adenocarcinoma urinary bladder</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asteroidebic Nerv Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>3 mo</u> <u>2 years</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		181X		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>August</u> , 1952, to <u>September 16</u> , 1953, that I last saw the deceased alive on <u>September 15</u> , 1953, and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Deloris S. Bridgman, M.D.</u>				23b. ADDRESS <u>605 Union Bldg, Joplin, Mo.</u>		23c. DATE SIGNED <u>Sept. 16, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROCKER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHEROKEE COUNTY, KANSAS.</u>	
DATE REC'D BY LOCAL REG. <u>9-18-53</u>		REGISTRAR'S SIGNATURE <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Ellsworth</u>		ADDRESS <u>Waldenburg</u>	

RECEIVED SEP 21 1953
Jasper County Health Office
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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. C. Stewart* _____

Licensed Embalmer No. *1272* _____

P. O. Address *Pittsburg, Kan.* _____

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.