

No. 300  
10.48

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1912

FILED JAN 19 1954

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 383	PRIMARY REG. DIST. NO. 5655	Registrar's No. 50
1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. LENGTH OF STAY (in this place) 1314 days	c. CITY (If outside corporate limits, write RURAL and give township) Ridgeway 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS (If rural, give location) /		
3. NAME OF DECEASED (Type or Print) Harold		a. (First) Harold	b. (Middle) R.	c. (Last) Buntin
4. DATE OF DEATH (Month) (Day) (Year) January 11, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1920	9. AGE (In years last birthday) 33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Ridgeway, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME J. G. Buntin		13b. MOTHER'S MAIDEN NAME Julia T. Buntin	14. NAME OF HUSBAND OR WIFE Joyce Buntin	
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. none known	17. INFORMANT'S SIGNATURE OR NAME ADDRESS San, records, Mo. S.S., Mt. Vernon, 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) Pulmonary tuberculosis at least 5 1/2 yrs.  ANTECEDENT CAUSES 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.		INTERVAL BETWEEN ONSET AND DEATH at least 5 1/2 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 June 6, 1950, to Jan. 11, 1954 that I last saw the deceased alive on Jan. 11, 1954, and that death occurred at 7:30 p. m., from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		(Degree or title)	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED 1-11-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-12-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Ridgeway, Mo.
DATE REC'D BY LOCAL REG. 1-12-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Fun Home Mt Vernon	

(Licensed Registrar's Statement on Reverse Side)

vno

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. A. Jackson

Licensed Embalmer No. 3954

P. O. Address Lansing, 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.