

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4751

State File No. \_\_\_\_\_

FILED MAR 15 1954

759

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
c. LENGTH OF STAY (in this place) 63 YEARS

c. CITY OR TOWN KANSAS CITY  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION. 3215 CAMPBELL STREET MARYS REST HOME

e. STREET ADDRESS (If rural, give location) 977 725 EAST 62<sup>ND</sup> STREET

3. NAME OF DECEASED  
a. (First) CARMEN b. (Middle) L. c. (Last) BUNDY

4. DATE OF DEATH (Month) (Day) (Year) FEB. 15, 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH AUG. 3, 1879  
9. AGE (In years last birthday) 74  
If UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
If UNDER 1 WKS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESLADY

10b. KIND OF BUSINESS OR INDUSTRY DRY GOODS STORE

11. BIRTHPLACE (City and State or Foreign Country) ST. LAWRENCE, NEW YORK

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME OLON S. BUNDY

13b. MOTHER'S MAIDEN NAME ELLEN S. STEVENS

14. NAME OF HUSBAND OR WIFE NONE

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

17. INFORMANT'S SIGNATURE OR NAME ADDRESS BEULAH M. BUNDY 810 WORNALL RD. K.C. 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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Malnutrition & inanition  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cerebral cortical deterioration several yrs.  
DUE TO (c) Generalized arteriosclerosis several yrs.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 4500

INTERVAL BETWEEN ONSET AND DEATH  
several weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. 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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1954, to Feb 15, 1954, that I last saw the deceased alive on Feb 15, 1954, and that death occurred at 2:36 P.M., from the causes and on the date stated above.

23a. SIGNATURE James W. Fowler (Name or title) M.D.

23b. ADDRESS 1630 Professional Bldg.

23c. DATE SIGNED 2-16-54

24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE FEB. 18, 1954

24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 2-18-54 REGISTRAR'S SIGNATURE Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dr. Newcomer's Sons 1391 BRUSH CREEK KANSAS CITY MO.

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No... *48*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.