

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7274**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **298**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN Mound City.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Meth. Hosp.		e. STREET ADDRESS (If rural, give location) 1. Mile West of Mound City	

3. NAME OF DECEASED (Type or Print) a. (First) Eldred b. (Middle) Eugene c. (Last) Bunker			4. DATE OF DEATH (Month) (Day) (Year) March 17, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 1, 1874		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Villisca, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Sylvester Bunker		13b. MOTHER'S MAIDEN NAME Kate Gourley		14. NAME OF HUSBAND OR WIFE Lenora Bunker	
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 Ivan Bunker, Witchita, Kansas	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, STOMACH		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS	
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. ARTERIOSCLEROTIC HEART DISEASE				1 YEAR	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NONE		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.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE	
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? NONE	

22. I hereby certify that I attended the deceased from **FEB. 10, 1955**, to **MARCH 17, 1955**, that I last saw the deceased alive on **MARCH 17, 1955**, and that death occurred at **7:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Allan S. Serman		(Degree or title) M.D.		23b. ADDRESS 706 FRANCIS St. Joseph, Mo.		23c. DATE SIGNED 3-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/19/1955		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Missouri	
DATE REC'D BY LOCAL REG. March 22, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		485- James H. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mound City, Mo.	

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

APR 22 1958

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 *James H. Crawford*
Licensed Embalmer No. *4796*

P. O. Address *Mount City*

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.