

No. 300
10-48

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14911
68

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Cass.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel.-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel.</u>	
c. LENGTH OF STAY (in this place) <u>Life.</u>		d. STREET ADDRESS (If rural, give location) <u>N/E Drexel, Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not In Hospital. At Home.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>CLEVELAND</u> c. (Last) <u>BUNDY.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 30, 1955.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 6, 1884.</u>
9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>5</u>	11. DAYS <u>24</u>	12. HOURS <u>1</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Insurance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance Rep.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cass County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry C. Bundy.</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Hainline.</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucile Dale Bundy.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>No. None.</u>		16. SOCIAL SECURITY NO. <u>487-12-9686</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucile D. Bundy. Drexel, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion.</u> Interval between ONSET AND DEATH <u>Sudden Death</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUETO (b) <u>Acute Orchitis</u> <u>5 days.</u> DUETO (c) <u>Sub acute cystitis following Trans urethral resection two months ago-</u> II. OTHER SIGNIFICANT CONDITIONS <u>Acute Coronary Occlusion in 1943</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1/201</u>	
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 <u>5/25</u> , 19 <u>55</u> , to <u>5/30/1955</u> , that I last saw the deceased alive on <u>5/29</u> , 19 <u>55</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Mrs. E. Hartwell</u> (Degree or title) <u>M. D.C.</u>		23b. ADDRESS <u>Drexel, Missouri.</u>	
23c. DATE SIGNED <u>6/1/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June, 1, 1955.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Mo. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/1/55.</u>		25. FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nora Barnard 457-C Drexel Mo</u>	

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

