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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17685

State File No.

FILED JUN 21 1955

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| BIRTH NO. | | REG. DIST. NO. <u>15</u> | | PRIMARY REG. DIST. NO. <u>3004</u> | | Registrar's No. <u>34</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u> | | c. LENGTH OF STAY (If in this place) <u>3 wks.</u> | | c. CITY OR TOWN <u>Golden City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hosp.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0060</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ORVILLE</u> c. (Last) <u>BUNNELL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 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>Aug. 17, 1875</u> | | |
| 9. AGE (In years last birthday) <u>79</u> | | 10. MONTHS <u>10</u> | | 11. DAYS <u>2</u> | | 12. IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u> | | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer (Retired)</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Denver, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Canada</u> | |
| 13a. FATHER'S NAME <u>S.J. Bunnell</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Hendricks</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Maude Bunnell</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.O. Bunnell</u> ADDRESS <u>Golden City, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma</u> | | ANTECEDENT CAUSES DUE TO (b) <u>after prostate Ca</u> | | | | | <u>39</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. | | DUE TO (c) | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | 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>177X</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) <u>Lamar</u> COUNTY <u>Barton</u> (STATE) <u>Mo.</u> | | | | |
| 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>Jan 1, 1954</u> , to <u>Jan 14, 1955</u> , that I last saw the deceased alive on <u>Jan 13, 1955</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>E. Guedes M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Lamar</u> | | 23c. DATE SIGNED <u>6.15.55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>June 16, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Golden City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>JUN 15 1955</u> | | REGISTRAR'S SIGNATURE <u>Marie Konrad</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Phillips Funeral Home</u> ADDRESS <u>Golden City, Mo.</u> | | | | |

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.....



Licensed Embalmer No. 495

P. O. Address Golden 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.