

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21566

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>Eldon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>RFD #2 Eldon, Mo. 0661</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CHARLES E. STILL OSTEO HOSP.</u>			

3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>MONROE</u>		c. (Last) <u>Bunch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 55</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 12, 1882</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eldon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN WILLIAM BUNCH</u>			13b. MOTHER'S MAIDEN NAME <u>MARY MARSHALL VAUGHN</u>			14. NAME OF HUSBAND OR WIFE <u>HATTIE MAE BUNCH</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN D. BUNCH</u>		ADDRESS <u>776 N. MACLAY, SAN FERNANDO, CALIF.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u>		
	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. <u>Prostatic Hypertrophy</u>			

19a. DATE OF OPERATION <u>July 1, 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>	20. AUTOPSY? <u>610X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>

22. I hereby certify that I attended the deceased from JUNE 27, 1955, to JULY 12, 1955, that I last saw the deceased alive on JULY 12, 1955, and that death occurred at 11:53 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>R. A. Michael D.O.</u>		23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>JULY 12, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>15 July '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Miller Co MO</u>	
DATE REC'D BY LOCAL REG. <u>July 13-1955</u>	REGISTRAR'S SIGNATURE <u>R. Harris Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Mays</u>		ADDRESS <u>Eldon MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Keith McKay*
Licensed Embalmer No. *399*
P. O. Address *Eldon*

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.