

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27384

State File No.

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Iron Twp.</u>		c. CITY OR TOWN <u>Bismarck</u>	
c. LENGTH OF STAY (In this place)		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		e. STREET ADDRESS (If rural, give location) <u>Rural Rt. #1, 1 1/2 mi. H. #N</u>	
3. NAME OF DECEASED a. (First) <u>Phillip</u>		b. (Middle) <u>S.</u>	
c. (Last) <u>Bunch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 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>Oct. 3, 1871</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>	11. IF UNDER 24 HRS. Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Emmence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dave Bunch</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Liza Bunch</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) (If yes, give year or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Liza Bunch, 1622 Miss. St. Louis, Mo.</u>	
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) <u>Aortic Regurgitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severity</u> DUE TO (c) <u>Anemia 4211</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>None</u>	
21f. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from <u>5-22</u> , 19 <u>55</u> , to <u>6-18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-18</u> , 19 <u>55</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Edward Falk</u>		23b. ADDRESS <u>D.O. Bismarck, Missouri</u>	
23c. DATE SIGNED <u>7-16-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Matkins Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Bismarck Rt. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shipman & Sons</u>	
25. ADDRESS <u>Bismarck, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Aug 13, 1955</u>	
REGISTRAR'S SIGNATURE <u>Ethel Studdoff</u>		289-0	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *John W. Shipman*.....

Licensed Embalmer No. 4881.....

P. O. Address Bismarck, Mis.....

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.