

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

41625

FILED DEC 29 1955

State File No.

BIRTH NO. 89970-55 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY PULASKI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Fort Leonard Wood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Fort Leonard Wood, Missouri	
c. LENGTH OF STAY (In this place) 20hrs50mins		d. STREET ADDRESS (If rural, give location) US Army Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS US Army Hospital	

3. NAME OF DECEASED (Type or Print) Edward Lewis Bunyard			4. DATE OF DEATH December 20, 1955		
a. (First)	b. (Middle)		c. (Last)		
Edward	Lewis		Bunyard		
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH December 19, 1955		9. AGE (In years last birthday)
					20
					55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Daniel A. Bunyard		13b. MOTHER'S MAIDEN NAME Mary C. Alascio		14. NAME OF HUSBAND OR WIFE -----	
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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. -----		17. EMBALMER'S SIGNATURE OR NAME AND ADDRESS C.B. Milligan, Major, MSC, Ft. Leonard Wood, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. Prematurity. 2. Adrenal Hemorrhage 3. Cerebral Anoxia		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		7715	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)		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 December 19 19 55, to December 20 19 55, that I last saw the deceased alive on December 20 19 55, and that death occurred at 4:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward Lewis Bunyard, M.D.		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 21 Dec 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/55		24c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem	
				24d. LOCATION (City, town, or county) (State) Crocker Missouri	

DATE REC'D BY LOCAL REG. 12-21-55		REGISTRAR'S SIGNATURE Charles E. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS HEDGES FUNERAL HOMES INC CROCKER	
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Date Filed 12-24-55
File Number

County Health Officer

12-21-55
12-24

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.

Not Embalmed

Student _____
Student Embalmer

Signed Clarice Drose

Licensed Embalmer No. 4896

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.