

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16176

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4219 Registrar's No. 58

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| 1. PLACE OF DEATH a. COUNTY <u>Hickory</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> | |
| b. CITY OR TOWN <u>Weaubleau</u> | c. LENGTH OF STAY (in this place) <u>3 years</u> | c. CITY OR TOWN <u>Weaubleau</u> | d. 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>South Weaubleau</u> | | e. STREET ADDRESS (If rural, give location) <u>South Weaubleau 0730</u> | |

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|-------------------------------------|-------------------------|-------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LAURA</u> | b. (Middle) | c. (Last) <u>BUNFIN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1956</u> |
|-------------------------------------|-------------------------|-------------|-------------------------|--|

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Dec 30-1874</u> | 9. AGE (In years last birthday) <u>81</u> | UNDER 1 YEAR Days <u>4</u> | IF UNDER 24 HRS. Hours <u>28</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Canada ARK.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>FRANK Babbitt</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Lawson Bunfin</u> |
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| 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>DAN BUNFIN - Weaubleau</u> | ADDRESS |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery Thrombosis</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| 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 |
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22. I hereby certify that I attended the deceased from 5/8 1956, to 5/9, 1956, that I last saw the deceased alive on 5/9, 1956, and that death occurred at 9 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. H. Robinson</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Humansville, Mo.</u> | 23c. DATE SIGNED <u>5/29/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>May 31 56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Camp Ground</u> | 24d. LOCATION (City, town, or county) (State) <u>Edwards, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>May 30-56</u> | REGISTRAR'S SIGNATURE <u>Mary Johnson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Keltaway</u> | ADDRESS <u>Weaubleau, Mo.</u> |
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(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 *Chas. Gilbert Mathews*

Licensed Embalmer No. *4267*

P. O. Address *Wheaton*

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.