No. 300
10.48

FILED JUL 10 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21474

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 123

**1. PLACE OF DEATH**
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newburg
c. LENGTH OF STAY (In this place): 22 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newburg
d. STREET ADDRESS (If rural, give location): 0810 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): JAMES
b. (Middle): MARTIN
c. (Last): BUNTON

**4. DATE OF DEATH** (Month) (Day) (Year): July 2 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Dec 22 1889
**9. AGE** (In years last birthday): 66 — If under 1 year: Months 6, Days 10; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming
**10b. KIND OF BUSINESS OR INDUSTRY**: Various
**11. BIRTHPLACE** (City and State or Foreign Country): Marion County Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: John Bunton
**13b. MOTHER'S MAIDEN NAME**: Martha Hussey
**14. NAME OF HUSBAND OR WIFE**: Lucy Bunton

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, No or unknown): No (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: 499-05-0786
**17. INFORMANT'S SIGNATURE OR NAME**: Lucy Bunton — ADDRESS: Newburg Mo

**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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe debility due to carcinoma of esophagus, stomach + liver — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Primary Stomach
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Anemia, emaciation

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 151 X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Mar 12, 1956, *to* July 2, 1956, *that I last saw the deceased alive on* July 2, 1956, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Richard E. Myers MD
**23b. ADDRESS**: Newburg, Mo.
**23c. DATE SIGNED**: July 5 56

**24a. BURIAL, CREMATION, REMOVAL** (Specify):
**24b. DATE**: July 5, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: Mt Olive
**24d. LOCATION** (City, town, or county) (State): Newburg Mo

**DATE REC'D BY LOCAL REG.**: July 5, 1956
**REGISTRAR'S SIGNATURE**: Nadine L. Stoll
**25. FUNERAL DIRECTOR'S SIGNATURE**: Lee Johnson
**ADDRESS**: Newburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED
Phelps County Health Officer,
County File Number 461
Date Filed 7-9-52

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 _____
Student Embalmer

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg Mo

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