

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 236

1. PLACE OF DEATH
 a. COUNTY ST FRANCOIS
 b. CITY OR TOWN RURAL IRON c. LENGTH OF STAY LIFE
 d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Missouri b. COUNTY ST FRANCOIS
 c. CITY OR TOWN BISMARCK RT. I d. Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS 2 1/2 m.s. ON Hwy N 0940 (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LITA b. (Middle) Bunch c. (Last) Bunch 4. DATE OF DEATH (Month) (Day) (Year) June 23, 1956

5. SEX FEMALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Oct. 9, 1890 9. AGE (In years last birthday) (Months) (Day) (Hours) (Min.) 65 8 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY SAME 11. BIRTHPLACE (City and State or Foreign Country) IRON CO. MISSOURI 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME LOUIS FORTNER 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE DECEASED

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. 500-26-5478 17. INFORMANT'S SIGNATURE OR NAME Judy Bounds ADDRESS BISMARCK RT. I

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure INTERVAL BETWEEN ONSET AND DEATH 20 min
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 DUE TO (b) Coronary thrombosis 1 wk
 DUE TO (c) Arteriosclerosis yrs
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Fracture of neck of femur 6 mo.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201F 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) (Min.) 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 2-3, 1956, to 6-23, 1956, that I last saw the deceased alive on 6-23, 1956, and that death occurred at 9:40 am., from the causes and on the date stated above.

23a. SIGNATURE R. A. Mendigate D.O. (Degree or title) 23b. ADDRESS BISMARCK, MISSOURI 23c. DATE SIGNED 6-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 6-26-1956 24c. NAME OF CEMETERY OR CREMATORY DENT CEM. 24d. LOCATION (City, town, or county) (State) BISMARCK RT. I, MO.

DATE REC'D BY LOCAL REG. June 26, 1956 REGISTRAR'S SIGNATURE Catherine Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE SHIPMAN & SONS ADDRESS BISMARCK, MO.

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

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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 N. Shipman*..... Licensed Embalmer No. *4881*

P. O. Address *Bismarck*

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.