. Health,
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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14268
STATE FILE NUMBER

17020-57 Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wilson Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R. F. D. No. 3 — Length of stay in 1b: About 45 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Putnam
c. CITY OR TOWN: Unionville 0860 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. F. D. No. 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: Kaythine Last: Bunnell

4. DATE OF DEATH Month Day Year: April 11, 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Feb. 21, 1957

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months 1, Days 20; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (City and state or country): Unionville, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Floyd Bunnell

14. MOTHER'S MAIDEN NAME: Darline Bartmess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Floyd Bunnell Address: R. F. D. No. 3 Unionville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Double lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 490X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April-9-57 to April 11-57 and last saw her ~~him~~ alive on April 11-57
Death occurred at 5:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas L. Judd D.O. 2
22b. ADDRESS: Unionville, Missouri
22c. DATE SIGNED: 4/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/13/57
23c. NAME OF CEMETERY OR CREMATORY: Burnett Cemetery
23d. LOCATION (City, town, or county) (State): Sullivan County, Missouri

24. FUNERAL DIRECTOR Comstock Funeral Home ADDRESS Unionville, Missouri By John N. Comstock 4-13-57
25. DATE RECD. BY LOCAL REG.
26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

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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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John N. Comstock

Licensed Embalmer No. 389

P. O. Address Thurmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.