

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57021501
STATE FILE NUMBER
250

FILED JUN 20 1957

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Twp Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 17908 R.D.Mize Rd. Length of stay in lb 9 yrs.		d. STREET ADDRESS (If outside, give location) 17908 R.D.Mize Rd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First STEPHEN Middle BUNKER Last BUNKER			4. DATE OF DEATH Month June Day 8 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1882
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HRS. Hours 10 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and state or country) Burr Oak, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Bunker	
13b. MOTHER'S MAIDEN NAME Harriet Olena		14. NAME OF HUSBAND OR WIFE May Bunker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Faye B. Thomas, Independence, Missouri		Address Independence, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun Wound Chest			INTERVAL BETWEEN ONSET AND DEATH
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 conditions given in PART I (a) 976X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. 6:57 p.m. 57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. CITY, TOWN, OR LOCATION Independence COUNTY Jackson STATE MO	20f. CITY, TOWN, OR LOCATION Independence COUNTY Jackson STATE MO		
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ralph W. Owens, Coroner		22b. ADDRESS 1034 Beatty Bldg	
22c. DATE SIGNED 6-10-57		22d. DATE SIGNED _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-11-57	23c. NAME OF CEMETERY OR CREMATORY Burr Oak Cemetery	23d. LOCATION (City, town, or county) (State) Burr Oak, Kansas
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 6-11-57	26. REGISTRAR'S SIGNATURE Ralph W. Owens

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

10310

JUN 20 1957

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 Richard P. Coarvin

Licensed Embalmer No. 4838

P. O. Address Indip 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.