

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025147  
STATE FILE NUMBER  
7224

FILED JUL 28 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 7224

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Springfield Baptist Hosp</u> Length of stay in lb <u>1 day</u>		d. STREET ADDRESS (If outside, give location) <u>700 S Hampton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRED LEO BUNGARNER</u>			4. DATE OF DEATH Month Day Year <u>July 17 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 10 1896</u>
9a. AGE (In years last birthday) <u>62</u>		9b. F UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Shames Bungarn</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Yates</u>		14. NAME OF HUSBAND OR WIFE <u>Jean</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year & dates of service) <u>yes NOW I</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Jean Bungarn</u>		Address <u>Springfield Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ABDOMINAL SARCOMATOSIS</u> DUE TO (b) <u>CAUSE UNKNOWN</u> DUE TO (c) <u>1992</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>ABOUT 15 MONTHS</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>MAY 1957</u> to <u>July 1958</u> and last saw him alive on <u>16 July 58</u> . Death occurred at <u>17 July 58 - 200 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jerry N. Allen M.D.</u>		22b. ADDRESS <u>Springfield Mo</u>	
22c. DATE SIGNED <u>18 July 58</u>		22d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-20-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Welch</u>	23d. LOCATION (City, town, or county) (State) <u>Hubert Co Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Burton Edwards Marshfield Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Offie G. Melton</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 28 1958

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 *George Steffe* .....

Licensed Embalmer No. *3161* .....  
P. O. Address *Mt. Pleasant, 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.