

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037310
State File No.

FILED NOV 3 1958

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 407

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u> | c. LENGTH OF STAY (in this place) <u>3 days</u> | c. CITY OR TOWN <u>Cole Camp</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp</u> | | e. STREET ADDRESS (If rural, give location) <u>0080</u> | |

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| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24 1958</u> | |
| a. (First) <u>KATE</u> | b. (Middle) <u>M.</u> | c. (Last) <u>BUNJES</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Nov 15, 1872</u> |
| 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>Dick Bunjes Sr</u> | 13b. MOTHER'S MAIDEN NAME <u>Kathryn E. Stecht</u> | 14. NAME OF HUSBAND OR WIFE | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Alvin L Lowe</u> | |
| | | ADDRESS | |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | DUE TO (b) <u>Generalized Arteriosclerosis 20 yrs</u> | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia unknown cause.</u> | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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) <u>332X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 10-21, 1958, to 10-24, 1958, that I last saw the deceased alive on 10-24, 1958, and that death occurred at 3 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Alvin L Lowe MD</u> | 23b. ADDRESS <u>Sedalia Mo</u> | 23c. DATE SIGNED <u>10-27-58.</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct 27, 1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Cole Camp Benton Co. Mo</u> |
| DATE REC'D BY LOCAL REG. <u>10-29-58</u> | REGISTRAR'S SIGNATURE <u>Francis Shelby</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John J. Reser Warsaw</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 F. Reser

Licensed Embalmer No. *4098*

P. O. Address... *Warsaw*

**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.**