

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043649

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No.

098

Primary Registration District No.

Registrar's No.

122

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Liberty Twp.</b>		c. CITY OR TOWN <b>Rural Liberty Twp.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 Mi. N.E. Altamont</b>		d. STREET ADDRESS (If outside, give location) <b>3 Mi. N.E. Altamont</b>	

3. NAME OF DECEASED (Type or print) First <b>Sarah</b> Middle <b>---</b> Last <b>Bunn</b>			4. DATE OF DEATH Month <b>December</b> Day <b>19</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 24, 1862</b>	9. AGE (In years last birthday) <b>96</b>	FUNDER 1 YEAR Months <b>0</b> Days <b>31</b> Hours <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Jefferson Co., Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Sonner</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Killian</b>	14. NAME OF HUSBAND OR WIFE <b>E.R. Bunn (Dec'd)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Luther Bunn Altamont, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
DUE TO (b) <b>Senility</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)		19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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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
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21. I attended the deceased from <b>bed rest</b> , to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <b>8:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>P.S. Baumgardner D.D. Coronar</b>	22b. ADDRESS <b>Pattonburg Mo.</b>	22c. DATE SIGNED <b>12/19/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-22-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grange Hall Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Rockport, Missouri</b>
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24. FUNERAL DIRECTOR <b>Hope Funeral Home</b>	ADDRESS <b>Gallatin, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-29-58</b>	26. REGISTRAR'S SIGNATURE <b>Hilgie Mangelhart</b>
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300  
1-57

Carover

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

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All diseases in Part I must be causally related.

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 *L. O. Erickson* .....

Licensed Embalmer No. *3301* .....  
P. O. Address *Dallas, TX* .....

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.