-60-005711

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1960

ENDED

Registration District No. 101 Primary Registration District No. 5407 Registrar's No. 9 [redacted] STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Douglas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs — Length of stay in 1b 61 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rte 1 — Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Douglas
c. CITY OR TOWN Willow Sprgs — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Rte 1 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Dolly R. Bunch Middle Last
4. DATE OF DEATH Month Day Year 2-13-60

5. SEX F
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-20-98
9. AGE (last birthday) 61
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfy
10b. KIND OF BUSINESS OR INDUSTRY ✓ ✓
11. BIRTHPLACE (City and state or country) Roosevelt, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME W. D. Thornton
13b. MOTHER'S MAIDEN NAME Martha Tomlin
14. NAME OF HUSBAND OR WIFE M. Bunch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. no
17. INFORMANT M. Bunch, Address Willow Sprgs Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Oclusion	10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	10 years
DUE TO (c)	Hyperthyroidism	15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 June 1958, to Feb 13, 1960 and last saw her alive on 2/13/60
Death occurred at 6:00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Spears M.D.
22b. ADDRESS Cabool, Mo.
22c. DATE SIGNED 2/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
23b. DATE 2/16-60
23c. NAME OF CEMETERY OR CREMATORY Thornton
23d. LOCATION (City, town, or county) (State) Tmn Bridges Mo

24. FUNERAL DIRECTOR Robertsons ADDRESS West Plains Mo
25. DATE RECD. BY LOCAL REG. 2-24-60
26. REGISTRAR'S SIGNATURE Vestal Bushman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 343

P. O. Address

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