

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-019911**

FILED VS **MAY 26 1960**

Registration District No. 165 Primary Registration District No. 5611 Registrar's No. 2

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Post Oak Twp.</u> Length of stay in 1b <u>Unknown</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>101 W. 39th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Albert</u> Middle <u>Munger</u> Last <u>Bunting</u>				<b>4. DATE OF DEATH</b> Month <u>May</u> Day <u>20</u> Year <u>1960</u>									
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>12/1/1902</u>		<b>9. AGE (last birthday)</b> <u>57</u>		<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>		<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Insurance Co.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Kansas City, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>					
<b>13a. FATHER'S NAME</b> <u>George H. Bunting</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margie Munger</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Sherrly Sherrod</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>				<b>16. SOCIAL SECURITY NO.</b> <u>494-12-8057</u>		<b>17. INFORMANT</b> <u>Dr. Williton Bunting</u>		Address <u>1231 W. 62nd K.C. Mo.</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Self inflicted gun shot wound to the head.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input type="checkbox"/>										INTERVAL BETWEEN ONSET AND DEATH			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input checked="" type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour <u>8:00</u> a.m. Month, Day, Year <u>5-20-60</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Co Road</u>		<b>20f. CITY, TOWN, OR LOCATION</b> <u>5 mi S of Warrensburg, Johnson, Mo</u>		COUNTY <u>  </u> STATE <u>  </u>					
<b>21. I attended the deceased from</b> _____, to _____, and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>						<b>22b. ADDRESS</b> <u>Warrensburg, Missouri</u>			<b>22c. DATE SIGNED</b> <u>5-20-60</u>				
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>23b. DATE</b> <u>5/20/1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Stine &amp; McClure</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Kansas City, Missouri.</u>		(State)					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Sweeney-Phillips Warrensburg, Mo.</u>					<b>25. DATE RECD. BY LOCAL REG.</b> <u>5/20/60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 26

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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

*(Handwritten marks)*