MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014524
STATE FILE NUMBER

AMENDED

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 38

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rt. 3
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Moniteau
c. CITY OR TOWN: California
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: DAVID Middle: ELMONT Last: BUNCH
4. DATE OF DEATH: Month April Day 9 Year 1961
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-14-98
9. AGE (last birthday): 62
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Eldon, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas J. Bunch
13b. MOTHER'S MAIDEN NAME: Florence Holder
14. NAME OF HUSBAND OR WIFE: Feraby S. Bunch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Mrs. Feraby Bunch Address: Eldon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — 2 years
DUE TO (c):
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 5-4-60, to 4-9-61 and last saw ~~her~~ him alive on 3-25-61
Death occurred at 4:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Kenyon Latham M.D.
22b. ADDRESS: California, Mo.
22c. DATE SIGNED: 4-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-11-61
23c. NAME OF CEMETERY OR CREMATORY: Dooley
23d. LOCATION (City, town, or county) (State): Eldon, Mo.
24. FUNERAL DIRECTOR: Louis W. Phillips ADDRESS: Eldon
25. DATE RECD. BY LOCAL REG.: 5/1/61
26. REGISTRAR'S SIGNATURE: Helen L. Pafg

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.
BY AFFIDAVIT OF DOCUMENT

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 Louis V. Pellizzio

Licensed Embalmer No. 3663

P. O. Address Eldora

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.