MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030160
STATE FILE NUMBER

AMENDED

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 43

FILED AUG 24 1961

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

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

3. NAME OF DECEASED (Type or print) First: Kate Middle: Last: Bundy
4. DATE OF DEATH Month Day Year: August 17, 1961
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Unknown
9. AGE (last birthday): 88 ??
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Warren County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Bev Murphy
13b. MOTHER'S MAIDEN NAME: Millie Stewart
14. NAME OF HUSBAND OR WIFE: Guy Bundy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Guy Bundy Address: Montgomery City, Missouri

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): Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Advanced Arteriosclerotic Heart Disease — 10 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 July 28, 1961 to August 17, 1961 and last saw her/him alive on July 28, 1961
Death occurred at 12:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A.H. Van Arsdale D.O.
22b. ADDRESS: Montgomery City, Missouri
22c. DATE SIGNED: 8-17-'61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-20-1961
23c. NAME OF CEMETERY OR CREMATORY: Montgomery City Cemetery
23d. LOCATION (City, town, or county) (State): Montgomery City. Mo.

24. FUNERAL DIRECTOR: Schlanker Funeral Home ADDRESS: Montgomery City Missouri
25. DATE RECD. BY LOCAL REG.: 8/17-61
26. REGISTRAR'S SIGNATURE: Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

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 E. Boone Schlanker

Licensed Embalmer No. 4436

P. O. Address Montgomery Ci

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.