

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-036663

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 136
FILED OCT 23 1961

DATE AMENDED

INS LEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gilgar Creek</u> Length of stay in lb <u>4 mo</u>		c. CITY OR TOWN <u>Gilman City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi E. Gilman City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>South E. Gilman City</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>J.</u> Last <u>BUNNELL</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>18</u> Year <u>1961</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 28 - 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Avoca Iowa</u>	11. BIRTHPLACE (City and state or country) <u>U.S.</u>
10c. FATHER'S NAME <u>Lord Byron Bunnell</u>		10d. MOTHER'S MAIDEN NAME <u>Kathryn Jarvis</u>	10e. NAME OF HUSBAND OR WIFE <u>Lulabelle Bunnell, deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT Address <u>Mrs. Kathryn Dunn Jamesport Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Arteria - Ant</u> DUE TO (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 months,</u> <u>1 week</u> <u>70 yrs</u>
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>
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 <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
21. I attended the deceased from <u>July 61</u> to <u>Oct 18 61</u> and last saw him alive on <u>Oct 16 61</u> Death occurred at <u>12:30 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J B Miley</u>		22b. ADDRESS <u>Jamesport Mo</u>	22c. DATE SIGNED <u>10/19/61</u>
23a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 30 - 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Retron Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Harrison MO.</u>
24. FUNERAL DIRECTOR <u>Roberson Funeral Home</u> ADDRESS <u>Jamesport</u>		25. DATE RECD BY LOCAL REG. <u>10-20-1961</u>	26. REGISTRAR'S SIGNATURE <u>Gella Miley</u>

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 W. A. Roberson

Licensed Embalmer No. 5075

P. O. Address Fathomburg

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.