

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043402  
STATE FILE NUMBER

AMENDED  
Registration District No. 369 Primary Registration District No. 6251 Registrar's No. 6

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILLS SPRING</u>		c. CITY OR TOWN <u>MILLS SPRING</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ON COUNTY ROAD NEAR MILLS SPRING, MO</u>		d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN WILLIAM BUNYARD</u>			4. DATE OF DEATH <u>NOV. 24 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-11-1933</u>	9. AGE (last birthday) <u>27</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WORKER CHEV PLANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHEV PLANT ST LOUIS MO</u>		11. BIRTHPLACE (City and state or country) <u>ELLSINORE MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHESTER BUNYARD</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE KELLY</u>	
14. NAME OF HUSBAND OR WIFE <u>BETTIE JOE BUNYARD</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.		17. INFORMANT <u>CHESTER BUNYARD</u> Address			

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>Carbon monoxide poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Placed a plastic hose from exhaust pipe into car window</u>	
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 checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near Mill Spring Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Mill Spring Wayne Mo.</u>	
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at <u>4:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Marvin E. Bowles Coroner</u>		22b. ADDRESS <u>Piedmont Mo</u>		22c. DATE SIGNED <u>11/25/1961</u>	
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>BURIAL</u>		23b. DATE <u>11/27/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Carson Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>near mill Spring, Mo</u>		23e. STATE (State)			
24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME</u>		ADDRESS <u>PIEDMONT MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11/25/61</u>	
26. REGISTRAR'S SIGNATURE <u>Sheila Loulax</u>					

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1961 0 8 AON

DEC 1 1961

MAR. 23 1962

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 me, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

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

Signed Warren E. Bawles

Licensed Embalmer No. 4426  
P. O. Address Piedmont, Va

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.