ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ATMENT OF PUBLIC HEALTH AND WELFARE

-61-045622
STATE FILE NUMBER

AMENDED

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 39

FILED JAN 2 1962

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2 — Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Miller
c. CITY OR TOWN Eldon — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Rt. 2 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First George Middle Monroe Last Bunch
4. DATE OF DEATH Month December Day 17, Year 1961
5. SEX Male
6. COLOR OR RACE Caucasian
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/10/82
9. AGE (last birthday) 79 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Eldon, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Simmeon Bunch
13b. MOTHER'S MAIDEN NAME Hannah Woods
14. NAME OF HUSBAND OR WIFE Cora May Bunch
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 Cora May Bunch Address Eldon, Mo.

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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH 40 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — Years
DUE TO (c) Arteriosclerosis — Years
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 Aug. 5, 1957, to Dec. 17, 1961 and last saw him alive on Dec. 17, 1961
Death occurred at 10:15 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert E. Mason Do
22b. ADDRESS Lake Ozark Mo
22c. DATE SIGNED Dec 20, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/20/61
23c. NAME OF CEMETERY OR CREMATORY Dooley
23d. LOCATION (City, town, or county) Eldon (State) Missouri

24. FUNERAL DIRECTOR Phillips Funeral Home ADDRESS Eldon, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 20, 1961
26. REGISTRAR'S SIGNATURE A. Werretta Waltz

(Licensed Embalmer's Statement on Reverse Side)

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

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_____ Signed Don E. Phillips
Signature of Student Embalmer

Licensed Embalmer No. 5108

P. O. Address Elden

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.