

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-006303

STATE FILE NUMBER

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 28

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ridgeway</u>		Length of stay in lb <u>few minutes</u>	c. CITY OR TOWN <u>Cainsville Mo Rural</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Armenia Stone Ridgeway</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 miles S.W. of Cainsville Mo</u>	
3. NAME OF DECEASED (Type or print) <u>Leese Greenberg Buntin</u>			4. DATE OF DEATH <u>2-19-62</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-17-91</u>	9. AGE (last birthday) <u>70</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>Farmer & Stockman</u>		11. BIRTHPLACE (City and state or country) <u>Ridgeway Mo Rural</u>	
13a. FATHER'S NAME <u>Greenberg Buntin</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Gertrude</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Buntin</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>			17. INFORMANT <u>Julia Buntin Cainsville 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) Acute Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH minutes.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease years.

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)
Congestive Heart Failure, Mitral Insufficiency.

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 3-5-60 to 2-19-62 and last saw ^{her}him alive on 2-19-62

Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Albert Tubbe M.D.

22b. ADDRESS
Bethany Mo.

22c. DATE SIGNED
2-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
2-21-62

23c. NAME OF CEMETERY OR CREMATORY
Rose Hill Cemetery

23d. LOCATION (City, town, or county) (State)
9 miles North Ridgeway Mo

24. FUNERAL DIRECTOR
Robert R. Bowers Ridgeway Mo

25. DATE RECD. BY LOCAL REG.
2-21-62

26. REGISTRAR'S SIGNATURE
Jella Moxey

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

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 Robert R. Rogers

Licensed Embalmer No. 3576

P. O. Address Ridgeway 9no.

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.