

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027593

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61

Primary Registration District No. 4102

Registrar's No. 160

STATE FILE NUMBER

FILED JUL 18 1963

1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

El Dorado Springs

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Cedar Co. Mem. Hosn.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cedar

c. CITY

OR
TOWN

El Dorado Springs

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

608 S. Kirkpatrick

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Lewis

Edward

Bunum

4. DATE OF DEATH

Month

Day

Year

July

14

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6-28-84

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)

Cafe Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Isaac Bunum

13b. MOTHER'S MAIDEN NAME

Mollie McCall

14. NAME OF HUSBAND OR WIFE

--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

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17. INFORMANT

Address

Earlene Carstener, Jones, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic nephritis

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.

☐ 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.

Month, Day, Year

p.m.

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

5/13/63

to 7/14/63

and last saw him alive on

7/13/63

Death occurred at

5:35

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert L. Magee M.D.

22b. ADDRESS

El Dorado Springs, Mo. 7/15/63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-16-1963

23c. NAME OF CEMETERY OR CREMATORY

Hall Cemetery

23d. LOCATION (City, town, or county)

Cedar Co.

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gwinn-Carothers, El Dorado Spgs. Mo.

25. DATE RECD. BY LOCAL REG.

7/16/63

26. REGISTRAR'S SIGNATURE

Joe E. Durham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 0201

2 02012

3

4 0

5 3

6

7 0

8 0

9 592X

10

11

12 1-0

13 1-0

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

May W. Dickering

Licensed Embalmer No.

4696

P. O. Address

El Dorado Spgs., Mo.

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.

No Permit Attached