V.S. No. 300
Rev. 10.48

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3

State File No. .....

BIRTH NO. 49-000009 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 33

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 1 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.C.O.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
d. STREET ADDRESS (If rural, give location): 610½ South 6th.,

3. NAME OF DECEASED (Type or Print)
a. (First): Randy
b. (Middle): Allen
c. (Last): Bunch

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1/20/49
9. AGE (In years last birthday): If under 1 year: Months / Days 1; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Kirksville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Volley Bunch
13b. MOTHER'S MAIDEN NAME: Pearl Waddle
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)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Volley Bunch, Kirksville, Mo.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete atelectasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxemia
DUE TO (c) 7620

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mother-Thyrotoxicosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1949, *to* Jan 21, 1949, *that I last saw the deceased alive on* Jan 21, 1949, *and that death occurred at* 10:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. L. Riemann D.O.
23b. ADDRESS: KCOS Clinic Kirksville Mo
23c. DATE SIGNED: Jan 22 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-23-49
24c. NAME OF CEMETERY OR CREMATORY: Downing
24d. LOCATION (City, town, or county) (State): Downing, Missouri

DATE REC'D BY LOCAL REG.: 1-23-49
REGISTRAR'S SIGNATURE: Kirks Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul M. Riley, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-49-124
Date Filed FEB 2 - 1949

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 .....
Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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 this body is not embalmed, fact should be so stated above.