

FILED AUG 31 1949
50258 1949

State File No. _____

Registration District No. _____

Primary Registration District No. 3038

Registrar's No. 213

1. PLACE OF DEATH: Linn
 (a) County Linn
 (b) City or town Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Brookfield Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community 4 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Linn
 (c) City or town Bucklin
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) no
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Steven Lindley Bunton

3. (b) If veteran, name war _____
 3. (c) Social Security No. 777

4. Sex male (17) 5. Color or race white
 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: Aug. 14, 1949
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 4
 If less than one day hr. _____ min. _____

9. Birthplace: Brookfield, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Richard Lee Bunton

13. Birthplace Macon, Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Maxine Lindley
 (City, town, or county) (State or foreign country)

15. Birthplace Ethel, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Richard Lee Bunton
 (b) Address Bucklin, Mo.

17. (a) Burial (b) Date thereof Aug. 19, 1949
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director _____
 (b) Address Bucklin, Mo.

19. (a) Aug. 19, 1949 (b) H. B. Erwin 167
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18
 year 1949 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8/15/49 19, to 8/18/49 19;
 that I last saw him alive on 8/18/49, 19,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis
Anorexia due to
Respiratory failure
Premature Birth Trauma
 Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 • Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature H. B. Erwin (M. D. or other) all
 Address Brookfield, Mo. Date signed 8/19/49

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

13
39
6671



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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. A. Larson*.....
Licensed Embalmer No. 4037.....
P. O. Address..... Bucklin, 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.