

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1943

State File No.

BIRTH NO. _____ REG. DIST. NO. 972 PRIMARY REG. DIST. NO. 5907 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) <u>Steele (Rural)</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died enroute hospital 3 miles N. Steele Mo.</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Rodney</u> c. (Last) <u>Bunch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12, 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>W.R. Bunch</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Beddie A. Dublin Bunch</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>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G. Bunch</u> ADDRESS <u>Paragould Ark.</u>
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) <u>Hit by truck Hiway 25 Kennett</u> ANTECEDENT CAUSES DUE TO (b) <u>Skull Fracture left upper</u> DUE TO (c) <u>temporal region-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe brain hemorrhage</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 25 Kennett</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kennett Dunklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) <u>Jan. 10-1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>stepped in path of truck</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3.00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter H. Hewitt</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>1-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Rector Ark.</u>
DATE REC'D BY LOCAL REG. <u>1-11-50</u>	REGISTRAR'S SIGNATURE <u>S. P. Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Orby</u>	ADDRESS <u>Rector Ark.</u>

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

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2-50-41

FEB 2 1977

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 Robert D. Cranford

Licensed Embalmer No. 826

P. O. Address Rector Ark

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.