

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12489

FILED APR 28 1951

State File No.

1590

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1590</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CASS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural West Dolan, Mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				4. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi S.W. of Freeman.</u>					
3. NAME OF DECEASED a. (First) <u>Daniel</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Bundy</u>			4. DATE OF DEATH <u>Apr 10 - 1951</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>Jan 18 - 1875</u>		9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer: Active</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Active</u>		11. BIRTHPLACE (State or foreign country) <u>Lisle Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry C. Bundy</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Handline</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie C. Bundy.</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>Nellie Bundy, Lisle, Mo.</u>				ADDRESS	
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>Coronary Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right iliac aneurysm</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>5 yrs</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4-7</u> , 19 <u>51</u> , to <u>4-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-10</u> , 19 <u>51</u> , and that death occurred at <u>10:38</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>F.W. Thompson</u> (Degree or title) <u>F. W. Thompson D.O.</u>				23b. ADDRESS <u>705 Bryant Bldg.</u>		23c. DATE SIGNED <u>4-11-51</u>			
24a. BURIAL OR CREMATION (Specify)		24b. DATE <u>Apr. 14 - 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-12-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		GENERAL DIRECTOR'S SIGNATURE <u>William B. Harrison</u>		ADDRESS <u>Harrisonville Mo.</u>			

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

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..... *Floyd Ottinson*
Licensed Embalmer No. *3920*
P. O. Address *Harrisonville*

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.