

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36250

State File No.

FILED NOV 29 1951

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>5001</u>		Registrar's No. <u>314</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ADAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CLAY Gap</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CLAY Gap Mo 0014</u>		d. STREET ADDRESS (If rural, give location) <u>KIRKSVILLE, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PURAL-KIRKSVILLE Mo.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>BUNYARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>APR 12-1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>	IF UNDER 6 WKS. Hours <u>1</u> Mins. <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Putnam Co Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>Putnam Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Bunyard</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jones</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA BUNYARD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS VERN PATTERSON-KIRKSVILLE Mo.</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>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				20. AUTOPSY? YES <input 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) m.		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>Aug 5</u> , 1950, to <u>June 6</u> , 1951, that I last saw the deceased alive on <u>June 6</u> , 1951, and that death occurred at <u>5:20</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>11-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 27, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amorville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Amorville Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-24-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.O. Nustel Hon Amorville, Mo</u>			

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

Date Received: NOV 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2130
Date Filed: NOV 27 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Murl E. Huskel

Signed.....

Student Embalmer

Licensed Embalmer No. *30504*

P. O. Address

Unionville, 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.