

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14100

State File No.

APR 25 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 3348

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4036 St. Ferdinand		d. STREET ADDRESS (If rural, give location) 4036 St. Ferdinand	
3. NAME OF DECEASED (Type or Print) Leona		4. DATE OF DEATH (Month) (Day) (Year) April 6, 1952	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1899 Aug. 30, 1899	
9. AGE (In years last birthday) 52 627		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Doug Bunn		13b. MOTHER'S MAIDEN NAME Sarah Nelson	
14. NAME OF HUSBAND OR WIFE Dare Bunn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Pearl Bibbs ADDRESS 4036 St. Ferdinand	
18. CAUSE OF DEATH If more than one cause per list (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, fracture, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		4 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? H H 2 X			
22. I hereby certify that I attended the deceased from Feb 1, 1951, to 4-4-1952, that I last saw the deceased alive on 4-4-1952, and that death occurred at 3:45 pm., from the causes and on the date stated above.			
23a. SIGNATURE Russell H. White (Degree or title) D		23b. ADDRESS 2424 N. Parate	
23c. DATE SIGNED 4-8-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 9, 1952	
24c. NAME OF CEMETERY OR CREMATORY Arkadelphia		24d. LOCATION (City, town, or county) (State) Arkansas	
DATE REC'D BY LOCAL REG. APR 9 1952		REGISTRAR'S SIGNATURE J. C. ...	
25. FUNERAL DIRECTOR'S SIGNATURE E. B. ...		ADDRESS 1221 N. Grand	

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

(Licensed Embalmer's Statement on Reverse Side)

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

C. Adams

Signed.....
Student Embalmer

Licensed Embalmer No. 4750

P. O. Address 125th Street

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 14100-52
Local Registrar's No. 3348

State of Missouri }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of April, 1952, before me appears.....

....., who, upon..... oath, states that the original record of ~~birth~~ death
for Leona Bupp ^{died} ~~born~~ April 4, 1952, in the State of
Missouri, and which was filed at St. Louis on 4-9-52, 19....., should be corrected as follows:

Item No. 9 should read Age 62 (August 30, 1890)
Instead of Age 70 (August 30, 1883)

Item No. should read.....
Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant [Signature] Funeral Director

12217. Grand
Present Address.

Subscribed and sworn to before me this 28th day of April, 1952

My Commission expires May 17, 1954 Virginia S. Krouse Notary Public.

