

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20571

State File No.

FILED JUL 10 1953
BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Kirkville, Mo.</u>		c. CITY OR TOWN <u>La Plata, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>5 Da</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.O. Hospital Kirkville</u>			
e. STREET ADDRESS (If rural, give location)		-----	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>	b. (Middle) <u>None</u>	c. (Last) <u>Bundy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 15, 1880</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles Bundy</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Crawford</u>	14. NAME OF HUSBAND OR WIFE <u>Cena Bundy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>442-05-3484</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Bundy, Compton, Calif.</u>	ADDRESS <u>Compton, Calif.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>years</u> <u>2 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>generalized arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senile psychosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 27, 1953, to July 3, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. T. Guterbach D.O.</u>	23b. ADDRESS <u>Kirkville Mo</u>	23c. DATE SIGNED <u>7-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 5 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-7-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stennett Wilson</u>	ADDRESS <u>La Plata, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

110823

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.....
Signature of Student Embalmer

Signed *Kenneth M. Wilson*

Licensed Embalmer No...470

P. O. Address...La Plata,

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.