

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7760**

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **312**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>524 North 6th St.</b>                   |  | d. STREET ADDRESS (If rural, give location) <b>524 North 6th St.</b>   |  |

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|---|--|--|---|--|--|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>a. (First) <b>DANIEL</b><br>(Type or Print)  |  |  | b. (Middle) <b>HENRY</b>                                      |  |  | c. (Last) <b>BUNTZ</b>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>March 14 1954</b> |  |  |
| 5. SEX <b>Male</b>  |  |  | 6. COLOR OR RACE <b>White</b>                                 |  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> |  |  | 8. DATE OF BIRTH<br><b>Mar. 30, 1874</b>                      |  |  |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Salesman</b> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Surgical Supplies</b> |  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Mound City, Missouri</b> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>                  |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><b>Augusta J. Buntz</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Bucher</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Laura (Deceased)</b>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b>          |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Harry P. Thomas Muskogee, Okla.</b> |  |

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                     |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <b>General Arteriosclerosis unknown</b>  |  | DUE TO (c) <b>4201</b>   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Man died suddenly while alone in his room, without a history of recent serious illness or disability</b> |  |  |  |  |  |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) |  | 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 **Victim** the deceased **born 3/14, 1874**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE<br><b>H. F. Mundy, M.D. (Coroner)</b> |  | 23b. ADDRESS<br><b>St. Joseph, Mo.</b>                      |  | 23c. DATE SIGNED<br><b>3/14/54</b>   |  |
| 24b. DATE<br><b>Mar. 16, 1954</b>                    |  | 24c. NAME OF CEMETERY OR CREMATOR<br><b>Mound City, Mo.</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Mound City, Missouri</b> |  |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>Mar 22, 1954</b> |  | REGISTRAR'S SIGNATURE<br><b>Bother M. Allison</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Stamey Funeral Home St. Joseph, Mo.</b> |  |
|---|--|---|--|--|--|

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

4/11/59

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 Charles E. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.