

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

23316

State File No. \_\_\_\_\_

No. 300  
10.48

FILED JUL 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>541</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>50 YRS</u>		c. CITY OR TOWN <u>JOPLIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>1011 HILL</u>				e. STREET ADDRESS (If rural, give location) <u>1011 HILL 04950</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>			b. (Middle)		c. (Last) <u>BUNN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUL 17 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 6, 1893</u>		9. AGE (In years last birthday) <u>71</u> If UNDER 1 YEAR Months Days If UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>BARBER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>BAXTER SPRINGS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES BUNN</u>			13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>			14. NAME OF HUSBAND OR WIFE <u>BESSIE BUNN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS CHARLES DAVES</u>				ADDRESS <u>JOPLIN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Medullary Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 week</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES DUE TO (b) <u>Uremia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				6 mo	
				DUE TO (c) <u>Coronary sclerosis, ventricular Hypertrophy &amp; dilatation</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Amputation rt leg above knee</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? 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 I attended the deceased from <u>May 1952</u> , 19____, to <u>7/17/54</u> , 19____, that I last saw the deceased alive on <u>7/27/54</u> , 19____, and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. J. E. Kilbane M.D.</u>				23b. ADDRESS <u>521 W. 4th Joplin</u>				23c. DATE SIGNED <u>7/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUL 21, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARKWAY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-22-54</u>		REGISTRAR'S SIGNATURE <u>James 138</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hurlbut Glover</u>		ADDRESS <u>Joplin</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26 1955  
Jasper County Health Office  
County File Number 54-7-5  
Date Filed JUL 26 1955

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 *Ralph G. ...* .....

Licensed Embalmer No. 45

P. O. Address *Joplin* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.