

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36797

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 34

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Cedar   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo b. COUNTY Cedar |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JERICHO SPR. MO | c. LENGTH OF STAY (in this place) 4 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JERICHO SPR. MO 02200                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |   | d. STREET ADDRESS (If rural, give location) 0  |  |

|  |            |             |           |   |
|--|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) GLENN - E - BUNKER | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) 11-9-1954 |
|--|------------|-------------|-----------|---|

|          |                    |  |                            |                                    |                          |                        |                       |                       |
|----------|--------------------|--|----------------------------|------------------------------------|--------------------------|------------------------|-----------------------|-----------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 10-1-1877 | 9. AGE (in years last birthday) 77 | IF UNDER 1 YEAR Months 1 | IF UNDER 1 YEAR Days 8 | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Mins. |
|----------|--------------------|--|----------------------------|------------------------------------|--------------------------|------------------------|-----------------------|-----------------------|

|  |   |   |                              |
|--|---|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Iowa | 12. CITIZEN OF WHAT COUNTRY? |
|--|---|---|------------------------------|

|                              |                                     |                                       |
|------------------------------|-------------------------------------|---------------------------------------|
| 13a. FATHER'S NAME Not known | 13b. MOTHER'S MAIDEN NAME Not known | 14. NAME OF HUSBAND OR WIFE Not known |
|------------------------------|-------------------------------------|---------------------------------------|

|  |                         |                                   |         |
|--|-------------------------|-----------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME | ADDRESS |
|--|-------------------------|-----------------------------------|---------|

|   |   |  |  |
|---|---|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis                                      |  | INTERVAL BETWEEN ONSET AND DEATH 1 day |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |  |
|   | DUE TO (b) _____<br>DUE TO (c) _____  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Nov 8, 1954, to Nov 9, 1954, that I last saw the deceased alive on Nov 9, 1954, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

|                                    |                               |                           |
|------------------------------------|-------------------------------|---------------------------|
| 23a. SIGNATURE J.B. Bannister M.D. | 23b. ADDRESS Jerico Spring Mo | 23c. DATE SIGNED 11-10-54 |
|------------------------------------|-------------------------------|---------------------------|

|  |                      |  |  |
|--|----------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-11-1954 | 24c. NAME OF CEMETERY OR CREMATORY Owen Cemetery | 24d. LOCATION (City, town, or county) (State) 6 M. S.E. Jerico spr. Mo |
|--|----------------------|--|--|

|                                   |  |   |         |
|-----------------------------------|--|---|---------|
| DATE REC'D BY LOCAL REG. 11-18-54 | REGISTRAR'S SIGNATURE Norma J. Jemmerman | 25. FUNERAL DIRECTOR'S SIGNATURE 60 Long, Jerico spr. | ADDRESS |
|-----------------------------------|--|---|---------|

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

02200

ms

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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 .....  
Student Embalmer

Signed John D. Long

Licensed Embalmer No. 3714

P. O. Address Jersey City, N.J.

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.