

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19602**

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **177**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give townships) Sedalia	c. LENGTH OF STAY (In this place) 2 wks	c. CITY OR TOWN Sedalia	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 Bothwell Hospital		STREET ADDRESS (If rural, give location) 116 1/2 East Third 080%	

3. NAME OF DECEASED (Type or Print) a. (First) FLOYD b. (Middle) C. c. (Last) BUNCH	4. DATE OF DEATH (Month) (Day) (Year) July 6, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 9, 1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work) Mechanic Auto service garage	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Camden County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Bunch	13b. MOTHER'S MAIDEN NAME Dosie Zeigler	14. NAME OF HUSBAND OR WIFE Tressie Campbell Bunch
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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 # 492-18-0960	17. INFORMANT'S SIGNATURE OR NAME Geo. Bunch ADDRESS 905 S. Moniteau Sedalia, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia	DUE TO (b) Malnutrition	1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Disseminated Metastases	4 mos.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Primary carcinoma left lung	over 15 mos.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	491XH	20. AUTOPSY? YES <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **April 1954**, to **6 July 1955**, that I last saw the deceased alive on **July 1955**, and that death occurred at **9:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Charles Zeigler M.D. (In name or title)	23b. ADDRESS 1216 West 11th St. Sedalia Mo	23c. DATE SIGNED 7 July 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/8/55	24c. NAME OF CEMETERY OR CREMATORY High Pointe Cemetery	24d. LOCATION (City, town, or county) (State) Hughesville, Mo.
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DATE REC'D BY LOCAL REG. 7/9/55	REGISTRAR'S SIGNATURE Ernest A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Maure E... ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1958

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 *P. E. Baker*

Licensed Embalmer No. *24*

P. O. Address *Sedalia*

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.