

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1957

State File No. 2228
Registrar's No. 66

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. In 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>33 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1105 West 6th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1105 West 6th</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Bunn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rate clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R.</u>		8. DATE OF BIRTH <u>Jan 29 1882</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg Mo</u>			9. AGE (In yrs) (If under 1 year last birthday) (Months) (Days) (If under 2 hrs. Hours) (Min.) <u>74</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>William Henry Bunn</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Mintz</u>			14. NAME OF HUSBAND OR WIFE <u>Fannie Irene Bunn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give yr or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-14-4693</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm H. Bunn</u> ADDRESS <u>Sedalia</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arterial occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis Symp</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 Dec 23, 1956, to Jan 1, 1957, that I last saw the deceased alive on Dec 28, 1956, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John E. Ramsey M.D.</u> (Degree & title)		23b. ADDRESS <u>111 W. 4th Sedalia Mo</u>		23c. DATE SIGNED <u>8/2/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-3-57</u>		REGISTRAR'S SIGNATURE <u>Lorina County</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deput McLaughlin Bros</u> ADDRESS <u>Sedalia</u>	
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(License Embalmer's Statement on Reverse Side)

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

25/0

JAN 9 1957
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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.....
Signature of Student Embalmer

Signed..... *K.P.M. Gray*

Licensed Embalmer No. *315*

P. O. Address *Sidalia*

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.