

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23754

STATE FILE NUMBER

FILED JUL 23 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 184

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572

1. PLACE OF DEATH a. COUNTY <u>dallaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Montgomery</u>		
b. CITY OR TOWN <u>Fulton</u> <u>MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Wellsville</u> <u>572</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. # I</u>		Length of stay in lb <u>15 years</u>	d. STREET ADDRESS <u>step. Route</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harold</u> Middle <u>Willis</u> Last <u>Bunch</u>			4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>57</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-18-1915</u>		9. AGE (In years last birthday) <u>42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>odd jobs</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and state or country) <u>Montgomery Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Montgomery</u>
13a. FATHER'S NAME <u>Doran Bunch</u>		13b. MOTHER'S MAIDEN NAME <u>Carric Adams</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT <u>Viola Estes</u> Address <u>Holland, Ohio</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>CHRONIC NEPHRITIS</u>					10 YEARS ⁺
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CONGESTIVE HEART FAILURE 592X</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>7-18-57</u> to <u>7-20-57</u> and last saw him alive on <u>7-20-57</u> Death occurred at <u>10:20 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Tom Brewer MD</u> (Degree or title)			22b. ADDRESS <u>Fulton, Mo.</u>		22c. DATE SIGNED <u>7-20-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Wellsville MO</u>
24. FUNERAL DIRECTOR <u>Wells Funeral Home</u>		ADDRESS <u>Wellsville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 20-1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Richard J. McDonald*

Licensed Embalmer No. *4825*
P. O. Address *Wellsville N.Y.*

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.