THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30646

FILED SEP 11 1957

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Benton Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Wayne
c. CITY OR TOWN: Piedmont, Route 2 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Clearwater — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Margaret Middle: Ann Last: Bunnell

4. DATE OF DEATH: Month: Aug. Day: 30 Year: 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 20, 1867
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months: 1 Days: 10 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Nashville, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James H. Wilson
13b. MOTHER'S MAIDEN NAME: Jane Throp
14. NAME OF HUSBAND OR WIFE: George Bunnell (dec'd)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Wauonda McCarty Address: Piedmont

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension Severe — D.K.
DUE TO (c): Arteriosclerosis general — D.K.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: Piedmont COUNTY: Ripley STATE: Mo

21. I attended the deceased from June 1957 to Aug 30-57 and last saw her/him alive on Aug. 30-57
Death occurred at 12:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. Edmonson (Degree or title) D
22b. ADDRESS: Piedmont Mo
22c. DATE SIGNED: 9-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-1-57
23c. NAME OF CEMETERY OR CREMATORY: Masonic
23d. LOCATION (City, town, or county) (State): Piedmont, Mo

24. FUNERAL DIRECTOR: William Cooper ADDRESS: Piedmont
25. DATE RECD. BY LOCAL REG.: Sept. 7-1957
26. REGISTRAR'S SIGNATURE: Hazel Ward

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FILE No. _____

CO. HEALTH CENTER

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 Coder Funeral Home, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piqua, O.

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.