

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

4

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rural Elm Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital		Length of stay in 1b 1 Day		d. STREET (If outside, give location) ADDRESS Unionville R.F.D.			
3. NAME OF DECEASED (Type or print) First Martha Middle Elizabeth Last Bunyard				4. DATE OF DEATH Month Jan Day 7 Year 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 5 1907	
9. AGE (In years last birthday) 50		10. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Putnam County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				11. BIRTHPLACE (City and state or country) Putnam County Missouri			
13. FATHER'S NAME James J. Whitworth				14. MOTHER'S MAIDEN NAME Isabelle Branscom			
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 NO. None		17. INFORMANT George Bunyard Address Unionville Missouri R.F.D. 5			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							24 hrs
DUE TO (b) Arricular fibrillation							5 yrs
DUE TO (c) Hypothyroidism							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2520							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Sept. 1948 to Jan 7, 1958 and last saw her alive on 1-7-58 Death occurred at 9:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Arthur T. Seeger MD (Degree or title)				22b. ADDRESS Kirkville Mo.		22c. DATE SIGNED I-9-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		Jan. 9 1958		Pleasant Home Cemetery		Putnam County, Missouri	
24. FUNERAL DIRECTOR Comstock Funeral Home ADDRESS BY J. W. Comstock Unionville, Mo.				25. DATE RECD. BY LOCAL REG. 1-9-1958		26. REGISTRAR'S SIGNATURE Doris W. Rutliff	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56

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 *James W Somstar*.....
Licensed Embalmer No. *4*.....

P. O. Address *Union*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.