Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026577
STATE FILE NUMBER

49264-58
FILED AUG 6 1958

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY: Putnam	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: Unionville — Inside Limits: Yes ☑ No ☐	c. CITY OR TOWN: Unionville R.F.D. 0860 — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Monroe Hospital — Length of stay in lb: 2 Days	d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Karen — Middle: Lea — Last: Bunnell		4. DATE OF DEATH: Month: July — Day: 23 — Year: 1958	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: July 21 1958
9. AGE (In years last birthday): 0	IF UNDER 1 YEAR: Months 0 Days 2	IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant	10b. KIND OF BUSINESS OR INDUSTRY: Infant	11. BIRTHPLACE (City and state or country): Unionville Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Floyd Otto Bunnell	13b. MOTHER'S MAIDEN NAME: Anna Darline Bartmess	14. NAME OF HUSBAND OR WIFE:	
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: Floyd Otto Bunnell — Address: Unionville, Mo. R.F.D.	

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): Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): possible aspiration of

DUE TO (c): ammonia fluid & mucus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7630

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

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 — COUNTY — STATE

21. I attended the deceased from July 21-58, to July 23-58 and last saw her/him alive on July 23-58

Death occurred at 7:00P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas L Judd - DO 2	22b. ADDRESS: Unionville, Missouri	22c. DATE SIGNED: 7-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: July 24 1958	23c. NAME OF CEMETERY OR CREMATORY: Burnett Cemetery
23d. LOCATION (City, town, or county) (State): Sullivan County, Missouri		
24. FUNERAL DIRECTOR: Comstock Funeral Home BY J W Comstock — ADDRESS: Unionville, Mo.	25. DATE RECD. BY LOCAL REG.: 8-1-58	26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Comstock

Licensed Embalmer No. 4197

P. O. Address Hinsonville, V

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.