

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028749  
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 118 Primary Registration District No. 4190 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>DASCONADE</b>		2. USUAL RESIDENCE (where deceased lived. If institution, Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BLAND</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>BLAND</b> 6370 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT home</b> Length of stay in lb <b>55 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>BLAND</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Charles Albert Bunge</b> First Middle Last			4. DATE OF DEATH <b>July 22-1958</b> Month Day Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June-7-1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M.D.</b>	11. BIRTHPLACE (City and state or country) <b>BLAND-MO</b>
13. FATHER'S NAME <b>Charles J. Bunge</b>		14. MOTHER'S MAIDEN NAME <b>Mary Withroch</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Wm Bunge - Bland-Mo</b> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Embolus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Pneumonia &amp; Diabetes</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>none</b>			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.) <b>none</b>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <b>none</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>none</b>	
21. I attended the deceased from <b>6:00 AM</b> to <b>July 22</b> and last saw her alive on <b>July 6th</b> and last saw him <b>July 6th</b> Death occurred at <b>2:00</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. E. Brewer M.D.</b> (Degree or title)		22b. ADDRESS <b>Kolla Mo</b>	22c. DATE SIGNED <b>July 25 1958</b>
23a. BURIAL, CREMATION, or other disposal of Specimen <b>Buried</b>	23b. DATE <b>July 25-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Old Bland Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bland-Mo</b>
24. FUNERAL DIRECTOR <b>SASSO</b> ADDRESS <b>BLAND-MO</b>		25. DATE RECD. BY LOCAL REG. <b>August 8, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Wm. Marvin Jappinger</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 370 300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 21 1987

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 *Charles Sessman*

Licensed Embalmer No. *411*

P. O. Address *BLAND*

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