

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039661
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 146

5. 300
7. 1-57

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|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Rural Union Twp</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Mem</u> | | Length of stay in 1b <u>9 day</u> | d. STREET ADDRESS (If outside, give location) <u>8 mile N</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Sou Dosa Buntin</u> | | | 4. DATE OF DEATH Month Day Year <u>11-14-1958</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-23-1873</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months Days Hours Min. <u>2 19</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (City and state or country) <u>St Clair B. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>James Drury</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Pearson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Oscar Buntin Dec.</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Seland Buntin Bethany Mo</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>Carcinoma (adenocarcinoma)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ovary or bowel</u> DUE TO (c) <u>metastases throughout abdomen</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1992</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> |
| 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 <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>11-5-1958</u> to <u>11-14-58</u> and last saw her alive on <u>11-14-58</u> Death occurred at <u>10:20</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>W. H. Mayes M.D.</u> | | | 22b. ADDRESS <u>Bethany Mo</u> | | 22c. DATE SIGNED <u>11/16/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u> | | 23b. DATE <u>11-16-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Buntin</u> | | 23d. LOCATION (City, town, or county) (State) <u>Ridgeway Mo</u> |
| 24. FUNERAL DIRECTOR <u>Mo B. Wass</u> | | ADDRESS <u>Bethany Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-17-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Jella Mayes</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *M. Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany Mo.*

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.