

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034351

FILED 1960 OCT 3 1960

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3030 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington.	Length of stay in 1b 48 yrs.	c. CITY OR TOWN Washington.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. #2.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. #2.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Anna Middle Mary Last Bunning			4. DATE OF DEATH Month Sept. Day 27th, Year 1960.		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/18/1867	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months 1 Days 9 Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Plattville, Wisconsin.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frederick Voss.		13b. MOTHER'S MAIDEN NAME Unknown.	
14. NAME OF HUSBAND XXXXXX Gustave T. Bunning.		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 Aurelia Bunning,		Address R. #2,		Washington, Mo.	

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 Artery Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hour
DUE TO (b) Atherosclerotic Heart Disease		20 years
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of skull - forehead - available		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No pathology	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year				

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 1959 to 9/27/60 and last saw her alive on 9/27/60		Death occurred at 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE John B. Ryan MD	(Degree or title)	22b. ADDRESS Washington Mo	22c. DATE SIGNED 9-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Hillside Cemetery	23d. LOCATION (City, town, or county) (State) State Center, Iowa.

24. FUNERAL DIRECTOR Nieburg & Vitt, Inc. Washington, Mo.	ADDRESS L. H. Vitt.	25. DATE RECD. BY LOCAL REG. 9/27/60	26. REGISTRAR'S SIGNATURE J. L. Williams
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington

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.