

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013659

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1943

AMENDED

FILED MAY 8 1961 1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>12 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8105 Oldham Rd.</u>
3. NAME OF DECEASED (Type or print) First <u>Edwyn</u> Middle <u>W.</u> Last <u>Bunkers</u>			4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/19/26</u>
9. AGE (last birthday) <u>35</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during last year, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Power & Light Co. Chester, S. D.</u>	
11. BIRTHPLACE (City and state or country) <u>Chester, S. D.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Alvin H. Bunkers</u>		13b. MOTHER'S MAIDEN NAME <u>Anna M. Hefner</u>	
14. NAME OF HUSBAND OR WIFE <u>Frances M. Bunkers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of service) <u>Yes</u>	
17. INFORMANT <u>Frances M. Bunkers, 8105 Oldham Rd.</u>		Address <u>K. C., 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>Electrocution</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Working on a light pole</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>4-18-61</u>	Month, Day, Year <u>4-18-61</u>	20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, pdg., etc.) <u>Wornell Road</u>	
20d. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (City, town, or county) <u>Kansas City</u>	20f. CITY, TOWN, OR LOCATION <u>Jackson Mo</u>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mergh A Owens Coroner</u>		22b. ADDRESS <u>152 Union Station</u>	
22c. DATE SIGNED <u>4-19-61</u>		(State) _____	
23a. BURIAL, CREATION, OR DISPOSITION (Specify) <u>Burial</u>	23b. DATE <u>4/21/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>
24. FUNERAL DIRECTOR <u>Stine & McClure, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-20-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

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 Thomas G. Koehler

Licensed Embalmer No. 4995

P. O. Address N.C., N.W.

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.