

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045522

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 195 Primary Registration District No. \_\_\_\_\_ Registrar's No. 1-62

STATE FILE NUMBER

AMENDED

FILED JAN 10 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>McDonald</b>		a. STATE <b>Mo.</b>	b. COUNTY <b>McDonald</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Noel</b>		Length of stay in 1b <b>3 yrs.</b>	c. CITY OR TOWN <b>Noel</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>at home</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Frank</b>	Middle <b>Henry</b>	Last <b>Bunse</b>	Month <b>12</b>	Day <b>18</b>
			Year <b>1961</b>	

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>8-20-1903</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Implement Dealer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>John Deere Emp.</b>	11. BIRTHPLACE (City and state or country) <b>Cooby, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>William H. Bunse</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Theresa Harr</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Genevia Bunse</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no none</b>	17. INFORMANT <b>Mrs. Genevia Bunse Noel, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Chronic Cardiac Failure</b>		<b>sudden</b>
DUE TO (b) <b>Over exertion</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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <b>Had never attended him</b> and last saw <b>her</b> <b>him</b> alive on _____
Death occurred at <b>10:00 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Wm. H. Bunse, M.D.</i>	22b. ADDRESS <i>Noel, Missouri</i>	22c. DATE SIGNED <b>1-1-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>12-19-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Savannah, Mo</b>
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24. FUNERAL DIRECTOR <b>Humphrey &amp; Son Noel, Missouri</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>January 1, 1962</b>	26. REGISTRAR'S SIGNATURE <i>Mary A. Bradley</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 11 1962

JAN 11 1962

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 Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address Moel, 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.