

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0052130

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 4494 Registrar's No. 331

FILED JAN 11 1967

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1/0/0

2/0/0

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12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SHANNON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>WINONA</u>		Length of stay in Ib <u>All Life</u>	c. CITY OR TOWN <u>WINONA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) <u>At Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>At Home</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JACK - Bunyard</u>			4. DATE OF DEATH Month Day Year <u>Dec 28 1966</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-2-1892</u>
9. AGE (last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>
11. BIRTHPLACE (City and state or country) <u>Shannon Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. K. Bunyard</u>		13b. MOTHER'S MAIDEN NAME <u>Fleured McDonald</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose Bunyard-Decd.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	
16. SOCIAL SECURITY NO. <u>500-10-1985</u>		17. INFORMANT <u>June Plunk - Winona, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>8 min</u>
IMMEDIATE CAUSE (a) <u>Asphyxiation</u>			
DUE TO (b) <u>Snake Inhalation</u>			
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>House fire</u>	
20c. TIME OF INJURY Hour <u>8:00 p.m.</u> Month, Day, Year <u>12-28-66</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Post mortem on Dec 28-1966</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Winona - Shannon - Mo.</u>	
21. I attended the deceased from <u>7 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clinton Nelson, M.D. - Coroner</u>		22b. ADDRESS <u>Exumance, Mo.</u>	
22c. DATE SIGNED <u>1-6-67</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-30-1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Baptist Hill Ceme</u>	23d. LOCATION (City, town, or county) <u>Winona Mo.</u>
24. FUNERAL DIRECTOR <u>Ernest E. Clary - Winona, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-10-67</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Reelin</u>

APR 24 1967

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 Amelia C. Clary

Licensed Embalmer No. 5118

P. O. Address WINONA, 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.