

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3804

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>20</u>						
1. PLACE OF DEATH a. COUNTY <u>BARTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>		c. LENGTH OF STAY (in this place) <u>73 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>		<u>0061</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1301 WALNUT</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>SYLVIA</u>			b. (Middle) <u>JANE</u>		c. (Last) <u>KUNKLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 22 1950</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 9 1872</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.				
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 (State or foreign country) <u>KELLERTON, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>				
13a. FATHER'S NAME <u>GEORGE MANIFEE</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA ELIZA SILVERS</u>			14. NAME OF HUSBAND OR WIFE <u>A. B. KUNKLER</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. B. KUNKLER</u>			ADDRESS <u>LAMAR, MO.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inter-trochanteric Fracture Left Femur, Jan. 26, 1950</u> DUE TO (c) <u>Patient died about 1 month after injury from embolism (supplementary report)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>				
19a. DATE OF OPERATION <u>Jan 28/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Left Intra Trochanteric Fracture Femur - nailed & benton Plate.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE / HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lamar Barton MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 26 1950 m.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped on ice</u>	
22. I hereby certify that I attended the deceased from <u>Jan 26 1950</u> to <u>Feb 22 1950</u> , that I last saw the deceased alive on <u>Feb 18 1950</u> , and that death occurred at <u>9:00p. m.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>Jern T. Bichel, M.D.</u>				(Degree or title)				23b. ADDRESS <u>Lamar, Missouri</u>		23c. DATE SIGNED <u>2/29/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 27 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LAMAR, MISSOURI</u>						
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>KONANTZ FUNERAL HOME</u>		ADDRESS <u>LAMAR, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 27 1950

District Health Office No. 6,

District File Number 250-273

Date Filed 2-28-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Frank W. Denton

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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 this body is not embalmed, fact should be so stated above.