

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19880**

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4190 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY OR TOWN BLAND	c. LENGTH OF STAY (In this place) 39 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bland	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) AUGUST HENRY JUNGEBLUT	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6-12-50
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 2 - 1878	9. AGE (In years last birthday) 72	# UNDER 1 YEAR Months 4 Days 10	# UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY AUTOMobile	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FREDERICK JUNGEBLUT	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Ida (Schmidt) Jungeblut
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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) no	16. SOCIAL SECURITY NO. 493-05-8505	17. INFORMANT'S SIGNATURE OR NAME Herbert Jungeblut ADDRESS Belle, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		231X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 6, 1950, to June 12, 1950, that I last saw the deceased alive on June 10, 1950 and that death occurred at 6:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. M. Keller M.D.	23b. ADDRESS Cheverville, Mo.	23c. DATE SIGNED 6/14/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/15/50	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Bland, Missouri
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DATE REC'D BY LOCAL REG. June 17, 1950	REGISTRAR'S SIGNATURE Dorothy Hackman	25. FUNERAL DIRECTOR'S SIGNATURE Chas. Sasmann ADDRESS Sasmann's Funeral Service-Bland
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

----- District No. Number

District Health Officer No. 9,

RECEIVED JUN 21 1950

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
Student Embalmer

Signed *Charles Sisson*

Licensed Embalmer No. *4178*

P. O. Address *Blair - Iowa*

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.