No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1950

State File No. 22732

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Williams Township
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nine Miles South East Cole Camp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Williams Township 0080
d. STREET ADDRESS (If rural, give location): 7½ North East of Cole Camp 0

3. NAME OF DECEASED (Type or Print)
a. (First): Katy
b. (Middle): None
c. (Last): Junge

4. DATE OF DEATH (Month) July (Day) 18th (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3rd 1866
9. AGE (In years last birthday): 84 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missouri 0.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John Eifert
13b. MOTHER'S MAIDEN NAME: Kreoschon
14. NAME OF HUSBAND OR WIFE: Herman Junge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Albert Lemler
ADDRESS: Cole Camp Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Apoplexy
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) Williams Tow (COUNTY) Benton (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1 *, 195d, to* 7-18 *, 195d, that I last saw the deceased alive on* 7-18-50 *, 19___, and that death occurred at* 4.45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. W. Moreland (Degree or title) D.O.
23b. ADDRESS: Cole Camp Mo
23c. DATE SIGNED: 7-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: July 22, 1950
24c. NAME OF CEMETERY OR CREMATORY: Mt Hulda Cemetery
24d. LOCATION (City, town, or county): Benton County (State) Missouri

DATE REC'D BY LOCAL REG.: July 20 1950
REGISTRAR'S SIGNATURE: E. L. Eickhoff 394 0
25. FUNERAL DIRECTOR'S SIGNATURE: E. L. Eickhoff
ADDRESS: Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7/22/50
DISTRICT HEALTH OFFICE No. 2
District File Number
Date Filed 7/22/50

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 ..... Student Embalmer No. ....., working under my personal supervision.

Signed E L Eichhorst

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

Signed .....
Student Embalmer

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.