

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33038**

LEDOCT 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **5310** Registrar's No. **122**

5. No. 300  
10. 48

5270

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

1. PLACE OF DEATH a. COUNTY <b>COOPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - LAMINE Twp</b>		c. LENGTH OF STAY (In this place) <b>45yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - LAMINE 1270</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME - 4 miles North Blackwater</b>			d. STREET ADDRESS (If rural, give location) <b>RURAL 0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MRS ANNIE BELLE</b> b. (Middle) <b>JUNKERMAN</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 8 - 1951</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>OCT. 9 - 1871</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MONTGOMERY COUNTY - MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>FRANK JUNKERMAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>NO NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS WM. HOKE - BLACKWATER MO.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial insufficiency.</b> ANTECEDENT CAUSES <b>Generalized Arteriosclerosis.</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chorea</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b># 221</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>JUN 1951</b> , to <b>OCT 8 1951</b> , that I last saw the deceased alive on <b>Jan 1951</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. Nelson</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>Pilot Grove, Mo.</b>		23c. DATE SIGNED <b>10/10/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT. 10-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>AROW ROCK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ARROW ROCK - MO.</b>		
DATE REC'D BY LOCAL REG. <b>10-10-51</b>	REGISTRAR'S SIGNATURE <b>D. Cooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEGNER FUNERAL HOME-BOONVILLE MO.</b>		

RECEIVED OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 15 1951

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Bethesda, Md.

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.