

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42762

JAN 7 - 1953

BIRTH NO. REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 3039 Registrar's No. 526

581
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Marceline</i>		c. LENGTH OF STAY (In this place) OR TOWN <i>0551</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>230 West Walnut St.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES</i> b. (Middle) <i>STEPHEN</i> c. (Last) <i>KUNKLER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12-23-52</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>2-15-1881</i>
9. AGE (In years last birthday) <i>71</i>		10. MONTHS <i>10</i>	11. DAYS <i>8</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Building</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>William P. Kunkler</i>	
13b. MOTHER'S MAIDEN NAME <i>Mathilda Tubbs</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>B. J. Thomas</i>		ADDRESS <i>Marceline Mo.</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis & Infarction</i>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Coronary Sclerosis</i>	
DUE TO (c) <i>Cardiac Decompensation</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 <i>10:48</i> to <i>12-23, 1952</i> , that I last saw the deceased alive on <i>12-22, 1952</i> , and that death occurred at <i>10:00 a.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>John W. Thomas</i> (Degree or title)		23b. ADDRESS <i>Marceline MO</i>	
23c. DATE SIGNED <i>12-24-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>12-24-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Marceline, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Brothers Funeral Home</i>	
DATE REC'D BY LOCAL REG. <i>12/27/52</i>		REGISTRAR'S SIGNATURE <i>Mary Jane Curtis</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Brothers Funeral Home</i>		ADDRESS <i>Laclede Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1952

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 W. R. Wright.....

Licensed Embalmer No. 4655.....

P. O. Address Feluda, 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.