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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4662

BIRTH No. FILED FEB 24 1954 REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5535 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Point Hickory Twp.
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Point (Hickory Twp.)
d. STREET ADDRESS (If rural, give location): 0448

3. NAME OF DECEASED (Type or Print)
a. (First): Lafayette
b. (Middle):
c. (Last): Kunkel

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29 1867
9. AGE (In years last birthday): 86
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Mound City Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjamin F. Kunkel
13b. MOTHER'S MAIDEN NAME: Hannah Chester
14. NAME OF HUSBAND OR WIFE: Anna Jackson Kunkel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Carl Kunkel
ADDRESS: New Point Missouri

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) Cerebro Vas. Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Occlusion — 3 wks.
DUE TO (c) Arteriosclerotic Hypertension — unknown

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
331 X
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) (COUNTY) (STATE)
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* 2-5, 1954, *to* 2-12, 1954 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Isaac A. Swearingen
(Degree or title): M.D.
23b. ADDRESS: Oregon, Mo.
23c. DATE SIGNED: 2-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14 1954
24c. NAME OF CEMETERY OR CREMATORY: New Point
24d. LOCATION (City, town, or county) (State): New Point Missouri

DATE REC'D BY LOCAL REG.: 2/16/54
REGISTRAR'S SIGNATURE: James H. Crawford M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: James H. Pettijohn
ADDRESS: Oregon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1956

STATEMENT BY [illegible]SED 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 H. Cittizlow

Licensed Embalmer No. 3192

P. O. Address Oregon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.