

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9641**

FILED MAR 31 1954 REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **31**

8210

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Pike	
b. CITY OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nebo	
c. LENGTH OF STAY (In this place) 5 weeks		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print) EARL UNGLAUB			4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1954		
a. (First)	b. (Middle)		c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Sept. 13, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR 5 Days	IF UNDER 24 HRS. 6 Hours	IF UNDER 24 MIN. 8 Min.
--------------------	-------------------------------	---	--	---	-------------------------------	---------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Coal Dealer	11. BIRTHPLACE (City and State of Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S.
---	--	--	---

13a. FATHER'S NAME Charles Unglaub	13b. MOTHER'S MAIDEN NAME Frankie Hubber	14. NAME OF HUSBAND OR WIFE Edith Unglaub
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 356-12-4678	17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Unglaub, Nebo, Illinois	ADDRESS
---	--	--	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 4 mths.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease		
	DUE TO (c)		
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	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **1-12, 1954**, to **3-19, 1954**, that I last saw the deceased alive on **3-18, 1954**, and that death occurred at **12:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Kewell, M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 3-19-54
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/19/54	24c. NAME OF CEMETERY OR CREMATORY Nebo Cemetery	24d. LOCATION (City, town, or county) (State) Nebo, Illinois
--	--------------------------	---	---

DATE RECD BY LOCAL REG March 19, 1954	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.	ADDRESS
--	--	---	---------

MISS 3 5 1955

APR 1 1954

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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, Mo.

Student
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.