

FILED JUL 23 1954

STANDARD CERTIFICATE OF DEATH

23650

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. ....

1. PLACE OF DEATH  
 a. COUNTY Macon Co.  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaPlata  
 c. LENGTH OF STAY (in this place) 4 1/2 yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
 a. STATE Missouri b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaPlata Town  
 d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED  
 a. (First) Augustus b. (Middle) \_\_\_\_\_ c. (Last) Wunnenberg  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
July 8-54

5. SEX M

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH 1-3-1869

9. AGE (In years last birthday) 85 MONTHS 6 DAYS 5  
 IF UNDER 24 HRS. \_\_\_\_\_ MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Sperry Iowa

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Wunnenberg

13b. MOTHER'S MAIDEN NAME Amelia Bayfield

14. NAME OF HUSBAND OR WIFE Clara Wunnenberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME Clara Hubner LaPlata  
 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.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Embolism  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (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  
2 days

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) (COUNTY) (STATE)  
 \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 Jan 1, 1954 to July 8, 1954, that I last saw the deceased alive on July 8, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Harold D. ... (Degree or title) \_\_\_\_\_

23b. ADDRESS LaPlata Mo.

23c. DATE SIGNED 7/9/54

24. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-10-54

24c. NAME OF CEMETERY OR CREMATORY Highland

24d. LOCATION (City, town, or county) (State) Kirkville Mo.

DATE REC'D BY LOCAL REG. July 13-1954

REGISTRAR'S SIGNATURE Ms O.R. Gippin 186

25. FUNERAL DIRECTOR'S SIGNATURE D.S. Christie ADDRESS LaPlata Mo

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

