

FILED NOV 25 1955

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37773**

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5954 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Park Township</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Frankford</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLME</u>		e. STREET ADDRESS (If rural, give location) <u>8825</u>	
3. NAME OF DECEASED a. (First) <u>MAUDE</u> b. (Middle) <u>MAX</u> c. (Last) <u>Kuntz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>married</u>	8. DATE OF BIRTH <u>March 30 1897</u>
9. AGE (in years last birthday) <u>58</u> Months <u>7</u> Days <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State of Birth Country) <u>Greene Co. Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Steve Cole</u>	13b. MOTHER'S MAIDEN NAME <u>Angie Little</u>
13c. NAME OF HUSBAND OR WIFE <u>Robert A. Kuntz</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert A. Kuntz</u> ADDRESS <u>Frankford, Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>stroke of fibrosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>	
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)		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 <u>Apr. 1957</u> to <u>Nov. 1955</u> , that I last saw the deceased alive on <u>Nov. 3, 1955</u> and that death occurred at <u>6:47 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>E. P. Hansen D.O.</u> (Degree or title)		23b. ADDRESS <u>Frankford Mo</u>	
23c. DATE SIGNED <u>11/4/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 5 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkman</u>	
24d. LOCATION (City, town, or county) (State) <u>Pike Co Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trace Parkhead Bowling Green Mo</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>11/19/55</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier 374</u>	

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

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.....
Signature of Student Embalmer

Signed..... *Harold C. Kirk*

Licensed Embalmer No. *415*

P. O. Address *Cambridge*
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.