

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1728**

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - MERAMEC TOWNSHIP	c. LENGTH OF STAY (In this place) 90 Days	c. CITY OR TOWN RURAL MERAMEC TOWNSHIP	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 OWN HOME CATAWISSA MO RR#1		f. STREET ADDRESS (If rural, give location) CATAWISSA MO RR#1	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) CLARENCE c. (Last) JUNGE	4. DATE OF DEATH (Month) (Day) (Year) JAN 23 - 1956
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5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 20 - 1891	9. AGE (In years last birthday) 64 Months 8 Days 3	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY HOME BUILDING	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS - MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ADOLPH JUNGE	13b. MOTHER'S MAIDEN NAME CLARA HEID	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.-1	16. SOCIAL SECURITY NO. 498-01-5785	17. INFORMANT'S SIGNATURE OR NAME Myrtle J O'Neil	ADDRESS Catawissa Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) suicide		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gun-shot - self inflicted	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	976X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CATAWISSA - RR#1	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JEFF. MO
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arthur B. Jewell	23b. ADDRESS Mo. Teston	23c. DATE SIGNED 1-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/27/56	24c. NAME OF CEMETERY OR CREMATORY INDEPENDENT FRIENDS CEM.	24d. LOCATION (City, town, or county) (State) CATAWISSA RR#1 - MO.
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DATE REC'D BY LOCAL REG. 1-28-56	REGISTRAR'S SIGNATURE Ruth J. Isaac	25. FUNERAL DIRECTOR'S SIGNATURE Palmer Funeral Home	ADDRESS Howe Springs Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

FEB 7 1956
FEB 10 1956
DATE RECEIVED
FEB 2 1956

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.....

Licensed Embalmer No. 1470

P. O. Address House Spring

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.