

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4383

State File No.

FILED MAR 5 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 182

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) X		e. STREET ADDRESS (If rural, give location) 1926 S. FRANKLIN 03960	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. ST. JOHN'S HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) EMIL b. (Middle) FRED c. (Last) KIUNKE			4. DATE OF DEATH FEB. 24 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 5 1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY KRAFT FOODS CO.		11. BIRTHPLACE (City and State or Foreign Country) SOUTH DAKOTA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ERNEST KIUNKE	13b. MOTHER'S MAIDEN NAME CHRISTINE ?	14. NAME OF HUSBAND OR WIFE KATHRYNE KIUNKE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-20-3837	17. INFORMANT'S SIGNATURE OR NAME MRS. KATHRYNE KIUNKE	ADDRESS SPRINGFIELD
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion				
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.		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.		

UNATTENDED BY A PHYSICIAN

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)	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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about **8:00a** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Edith Williamson</i> Local Registrar of Greene County Health Springfield, Missouri	23b. ADDRESS Greene County Health Springfield, Missouri	23c. DATE SIGNED 2-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2/27/56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) MITCHELL, SOUTH DAKOTA
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DATE REC'D BY LOCAL REG. 2-27-56	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Edith Williamson</i>	ADDRESS SPRINGFIELD, MO.
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MAR 7 1958

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..... *James T. Swadley*

Licensed Embalmer No. *481*

P. O. Address..... *Springfield*

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.