

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED MAR 26 1956

BIRTH NO. 1295-56 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>WASHINGTON</u>		c. CITY OR TOWN <u>RURAL 0700</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. E. of McKittrick</u>	

3. NAME OF DECEASED (Type or Print) <u>CAROLYN LORENE</u> (First)	<u>TUNE</u> (Middle)	<u>JUNE</u> (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 18-1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN. 26-1956</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>21</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>CHARLES TUNE</u>	13b. MOTHER'S M A DEN NAME <u>ANNA BESCHEL</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CHAS TUNE</u> ADDRESS <u>McKITTRICK MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Proctos-bronchitis</u>		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>501X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Mar 17, 1956, to Mar 18, 1956, that I last saw the deceased alive on Mar 18, 1956, and that death occurred at 3:41 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Bryan M.D.</u>	23b. ADDRESS <u>Hermann, Mo.</u>	23c. DATE SIGNED <u>3-19-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/20/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HERMANN Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/20/56</u>	REGISTRAR'S SIGNATURE <u>J.L. Schumann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Plummer</u> ADDRESS <u>HERMANN Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Hugost Plummer*

Licensed Embalmer No. *316*

P. O. Address *Herman*

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.