

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21239**

No. 300  
10.48

**FILED JUN 18 1956**

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

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5779</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Mo.</u> b. COUNTY <u>Boon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lake Ozark</u>		c. LENGTH OF STAY (in this place) <u>1 da.</u>		c. CITY OR TOWN <u>Kirksville, Mo.</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 18 mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>N.E. State Teachers College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHIANG</u>			b. (Middle)		c. (Last) <u>PYUN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Yellow</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 12, 1934</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Seoul, Korea</u>		12. CITIZEN OF WHAT COUNTRY? <u>Korea</u>	
13a. FATHER'S NAME <u>Kim Young Pyun</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>School Records</u> ADDRESS <u>Kirksville, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ASPHYXIA</u>  ANTECEDENT CAUSES <u>Accidental Drowning</u> 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 <u>10 MIN.</u>			
				9298			
				42			
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) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LAKE OF THE OZARKS</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boon Miller Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>WAS SWIMMING ACROSS COVE OF LAKE</u>			
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 <u>3:15P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L.S. Humphreys, D.O. Coroner</u>				23b. ADDRESS <u>TULSCUMBIA, Mo.</u>		23c. DATE SIGNED <u>5-19-1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D. BY LOCAL CREMATORY REG. <u>May 27, 1956</u>		REGISTRAR'S SIGNATURE <u>Edwenna Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis S. Phelips</u>		ADDRESS <u>Madison</u>	

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JUN 13 '56

Miller County  
Health Department

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 *Louis S. Phillips*

Licensed Embalmer No. *3466*

P. O. Address *Calder*

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.