

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26580

State File No.

FILED AUG 27 1956

BIRTH NO. 51015-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 763

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 Mo. b. COUNTY Polk		
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Bolivar Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		STREET ADDRESS (If rural, give location) 0841		
3. NAME OF DECEASED (Type or Print) a. (First) Randall b. (Middle) Ray c. (Last) Jungst		4. DATE OF DEATH (Month) (Day) (Year) August 18 1956		
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Aug. 16, 1956	
9. AGE (in years last birthday) —	IF UNDER 1 YEAR Months — Days 2	IF UNDER 24 HRS. Hours — Min. —		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Richard C. Jungst		13b. MOTHER'S MAIDEN NAME Bonnie May Palmer	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard C. Jungst, Bolivar, Mo.	
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) Congenital Atelectasis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity 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	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 8-16-1956 , to 8-18-1956 that I last saw the deceased alive on 8-18-1956 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Paul Busch (Degree or title) H.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 8/18/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-20-1956	24c. NAME OF CEMETERY OR CREMATORY New Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Polk, County, Mo.	
DATE REC'D BY LOCAL REG. 8-21-56		REGISTRAR'S SIGNATURE Earle Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Erwin O Blue, Bolivar, Mo.	

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 *Marshall G. Blackwell*

Licensed Embalmer No. *4712*

P. O. Address *Bolivar, N.*

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.