

Health,
Welfare,
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 13 1956

STANDARD CERTIFICATE OF DEATH

33413

STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 5280 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Medill</u>		c. CITY OR TOWN <u>Medill</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>M.</u> Last <u>Kuntz</u>		4. DATE OF DEATH Month <u>11</u> Day <u>4</u> Year <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-24-1876</u>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Signal Service Santa Fe R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Clark Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jacob H. Kuntz</u>		14. MOTHER'S MAIDEN NAME <u>Emma Kuhn</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no (or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>177x</u>	
17. INFORMANT <u>Mrs Myrtle Kuntz</u> Address <u>Medill Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis, Heart Failure</u> DUE TO (b) <u>Adens Carcinoma of prostate</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>1-year</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10-3-55</u> to <u>11-4-56</u> and last saw <u>him</u> alive on <u>11-4-56</u> Death occurred at <u>3-pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A H Channing Do</u> (Degree or title)		22b. ADDRESS <u>Rahoka Mo</u>	
		22c. DATE SIGNED <u>11-6-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-7-1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Ashton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>near Ashton Mo</u>	
24. FUNERAL DIRECTOR <u>Fred Karla</u> ADDRESS <u>Kahoka Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-10-1956</u>	
		26. REGISTRAR'S SIGNATURE <u>J K Bridges</u>	

(Licensed Embolmer's Statement on Reverse Side)

1907 01 13/1

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 *Fred J. Kasch*

Licensed Embalmer No. *10*

P. O. Address *Kohoka*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.