FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35099
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 297

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital — Length of stay in Hospital 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Brunswick Rural — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 10 miles N. E. of Br. — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First FRANK Middle JAMES Last ZUNGS
4. DATE OF DEATH: Month 11 Day 8th. Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X
8. DATE OF BIRTH 1-25-1903
9. AGE (In years last birthday) 53 — 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) Steamboat Pilot
10b. KIND OF BUSINESS OR INDUSTRY River work
11. BIRTHPLACE (City and state or country) DeWitt, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Michael Zungs
14. MOTHER'S MAIDEN NAME Elizabeth Henrich
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. 499-12-6390
17. INFORMANT Address Mrs. Virgil Joseph Brunswick, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Complete Heart block — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 4330
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov 2 56, to Nov 8 56 and last saw ~~her~~ him alive on Nov 7 56
Death occurred at 12 45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] — 22b. ADDRESS Moberly, Mo — 22c. DATE SIGNED Nov 12 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 11-10-1956 — 23c. NAME OF CEMETERY OR CREMATORY St. Raphael — 23d. LOCATION (City, town, or county) Brunswick (State) Mo.

24. FUNERAL DIRECTOR I W Herid — ADDRESS Brunswick Mo — 25. DATE RECD. BY LOCAL REG. 11/10/56 — 26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...L W Cersal.....

Licensed Embalmer No...8.

P. O. Address Brunswi

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.