. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

13697
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 34

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jefferson | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jefferson |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp. Inside Limits Yes ☐ No ☒ | c. CITY OR TOWN Festus Inside Limits Yes ☐ No ☒ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MountainView Nursing Home Length of stay in 1b | d. STREET ADDRESS (If outside, give location) Rte. # 2 Reside on Farm Yes ☐ No ☒ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Lucy | Middle: May | Last: Junge | 4. DATE OF DEATH | Month: April Day: 13 Year: 1957 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH: March 29, 1869 | 9. AGE (In years last birthday): 88 | 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): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country): Eureka, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME: Edward Maupin | | 14. MOTHER'S MAIDEN NAME: Unknown | | | |
| 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.: None | 17. INFORMANT Address: Bert Grue, 350 Cameron Rd., St. Louis, 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) Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Worse 1wk.

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): 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 1951, to 4-13-57 and last saw her/him alive on 4-8-57.
Death occurred at 4-13-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): R. H. Donnell, M.D. | 22b. ADDRESS: Crystal City, Mo. | 22c. DATE SIGNED: 4-15-57 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: April 15, 1957 | 23c. NAME OF CEMETERY OR CREMATORY: Hillsboro Cemetery | 23d. LOCATION (City, town, or county) (State): Hillsboro, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS: Donnell B. Dietrich, DeSoto, Mo. | 25. DATE RECD. BY LOCAL REG.: 4-15-57 | 26. REGISTRAR'S SIGNATURE: [signature] | |

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 24 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Keith B. Vinyard

Licensed Embalmer No. 497

P. O. Address Festus, M

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