

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029900

STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN St. James	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Phelps Co Memorial Hosp		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First John Middle A. Last Kuntz	4. DATE OF DEATH Month August Day 15 Year 1958
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1902	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manger	10b. KIND OF BUSINESS OR INDUSTRY Shoe	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Robert Kuntz	14. MOTHER'S MAIDEN NAME Eva Federer
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO.	17. INFORMANT Address Emma Kuntz St. James, Missouri
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ersanguination</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1-2 Weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>penetrating duodenal ulcer</i>	<i>1-2 weeks</i>
	DUE TO (c) <i>5411</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Moderate Generalized Atherosclerosis</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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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
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21. I attended the deceased from *8-1-58* to *8-15-58* and last saw *him* alive on *8-14-58*
Death occurred at *7:00 A.M.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Samuel C. Bouney M.D.</i>	22b. ADDRESS <i>Stucker Clinic, St. James</i>	22c. DATE SIGNED <i>8/16/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug 18, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
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24. FUNERAL DIRECTOR <i>Josef Gahr - St. James, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Aug. 18, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300 1-560
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
380

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 8 26 1958

AUG 27 1958

VS
APR 2 1958

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 Jesse Gahr

Licensed Embalmer No. 448

P. O. Address St. James

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.