

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044677  
STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 185

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1-57

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Festus</u>                 |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>Festus</u> <u>05020</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                            |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>111 Gray St.</u> |  | Length of stay in 1b   | d. STREET ADDRESS (If outside, give location)<br><u>111 Gray St.</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Mary</u> Middle <u>Magdeline</u> Last <u>Juncker</u> |  |  | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>11</u> Year <u>1958</u> |  |  |
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| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Oct. 28, 1869</u> | 9. AGE (In years last birthday)<br><u>89</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HRS.<br>Hours <u>  </u> Min. <u>  </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife (Ret)</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u> | 11. BIRTHPLACE (City and state or country)<br><u>Aurora, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Albert Kausler</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Eugene Juncker</u> |
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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)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT Address<br><u>Chester Juncker, 825 N. Mill, Festus, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> |  | INTERVAL BETWEEN ONSET AND DEATH.   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Generalized arteriosclerosis</u> |   |
|  | DUE TO (c) <u>  </u>                           |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cerebrovascular sclerosis</u>  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour <u>  </u> Month, Day, Year<br>a.m. <u>  </u> p.m. <u>  </u> | 20d. INJURY OCCURRED WHILE AT <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 Death occurred at <u>March 1952</u> to <u>December 1958</u> and last saw her alive on <u>Dec 2, 1958</u><br>on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE<br><u>Gertrude Bilgwo, Jr</u> (Degree or title) | 22b. ADDRESS<br><u>Festus, Mo</u> | 22c. DATE SIGNED<br><u>12-15-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Dec. 14, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Methodist</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Festus, Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><u>inyard Fun'l Homes, Inc., Festus, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>12-15-58</u> | 26. REGISTRAR'S SIGNATURE<br><u>James B. Feiden</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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RECEIVED  
DEC 24 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 Keith B. Simpson

Licensed Embalmer No. 4976  
P. O. Address Festus, Mo

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.