Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004492

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University of Mo. Medical Center — Length of stay in Ib: 30 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Miller
c. CITY OR TOWN: Eldon, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 333 W 3rd — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Annie Middle: Hunepohl Last: Kurtz

4. DATE OF DEATH: Month 3 Day 4 Year 59

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: 4-13-83

9. AGE (In years last birthday): 75 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Mary's Home, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: George Hunepohl
13b. MOTHER'S MAIDEN NAME: Mary Healey
14. NAME OF HUSBAND OR WIFE: ___

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): ___ (If yes, give war or dates of service): ___
16. SOCIAL SECURITY NO.: ___
17. INFORMANT: University of Mo. Medical Records. Address: ___

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized sepsis — ? 4 weeks
DUE TO (c): Infected radical mastectomy wound — 8 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Breast with cerebral metastasis — TCX
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 2-2-59, to 3-4-59 and last saw her/him alive on 3-4-59
Death occurred at 3:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Earl J. Wegfler Jr., M. D. (Degree or title)
22b. ADDRESS: U. of Mo. Medical Center
22c. DATE SIGNED: 3-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/6/59
23c. NAME OF CEMETERY OR CREMATORY: Mary Home
23d. LOCATION (City, town, or county) (State): Mary Home Mo.

24. FUNERAL DIRECTOR: Lois D. Phillips ADDRESS: Eldon,
25. DATE RECD. BY LOCAL REG.: March 4 1959
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No synonyms will be used.
All diseases in Part I must be causally related.

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.