THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004982
STATE FILE NUMBER

FEB 24 1959 Registration District No. 096 Primary Registration District No. ..... Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Lane RFD 1 — Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas
c. CITY OR TOWN Long Lane — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.F.D. 1 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First BERTHA Middle CATHERINE Last JUNKINS
4. DATE OF DEATH: Month 2 Day 10 Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-14-1892
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 5 Days 27 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (City and state or country): Long Lane Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas Junkins
14. MOTHER'S MAIDEN NAME: Catherine Evans
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.
17. INFORMANT: Mrs. Loyd Schurlock Address: Phillipsburg Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) No medical attention
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
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 ..... to ..... and last saw her/him alive on .....
Death occurred at 10 a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): L. B. James Coroner 3
22b. ADDRESS: Buffalo Mo
22c. DATE SIGNED: 2-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-12-1959
23c. NAME OF CEMETERY OR CREMATORY: Benton Branch cem
23d. LOCATION (City, town, or county) (State): Dallas Co. Mo.
24. FUNERAL DIRECTOR: L. B. James ADDRESS: Buffalo, Mo.
25. DATE RECD. BY LOCAL REG.: 2/23/59
26. REGISTRAR'S SIGNATURE: Mrs Vera Petree

(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 er

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

working under my personal supervision..

Student.....✓.....
Signature of Student Embalmer

Signed R. E. Cheatham.....

Licensed Embalmer No. 38.

P. O. Address Buffalo

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.