

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006778
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 210 Primary Registration District No. 3058 Registrar's No. 55

300
1-57

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		c. CITY OR TOWN St Charles <i>6926</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR ST INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If outside, give location) Rural Rt 2	
Length of stay in lb 3 dys		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Arthur Middle Lee Last Tune			4. DATE OF DEATH Month Feb. Day 22 Year 1959		
-----------------------------------------------------------------------------------------------	--	--	----------------------------------------------------------------------	--	--

5. SEX Male <i>C</i>	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 Feb. 8 1902	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 24 HRS. Hours 5 Min. 7
-----------------------------	-------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	-------------------------------------------	--------------------------------------------------	--------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medicinalist	10b. KIND OF BUSINESS OR INDUSTRY aircraft eng.	11. BIRTHPLACE (City and state or country) Salem Missouri <i>C</i>	12. CITIZEN OF WHAT COUNTRY? USA
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME Louis Tune	13b. MOTHER'S MAIDEN NAME America Edgar	14. NAME OF HUSBAND OR WIFE Jewel Tune
--------------------------------------	------------------------------------------------	-----------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-12-6972	17. INFORMANT Address Mrs Jewel Tune St Charles Mo.
---------------------------------------------------------------------------------------------------------------------	--------------------------------------------	------------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)	Rheumatic Heart Disease		20 yrs
	DUE TO (c) Rheumatic Fever		20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 416X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.)
-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour 2:20 Month, Day, Year 1959 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
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------

21. I attended the deceased from Death occurred at 2:20 1959 to Feb 21, 1959 and last saw ^{her} him alive on Feb 21, 1959 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W H Roggenmeier MD	22b. ADDRESS St Charles, Mo	22c. DATE SIGNED Feb 22, 1959
------------------------------------------------------------	------------------------------------	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 24 1959	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE Cem. & Crem.	23d. LOCATION (City, town, or county) (State) ST. CHARLES Mo
---------------------------------------------------------	-------------------------------	----------------------------------------------------------------------	---------------------------------------------------------------------

24. FUNERAL DIRECTOR ADDRESS Arthur C Paue St Charles Mo.	25. DATE RECD. BY LOCAL REG. Feb 24-59	26. REGISTRAR'S SIGNATURE Maree Wilson
------------------------------------------------------------------	-----------------------------------------------	-----------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 3155

P. O. Address St. Charles, 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.