

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014014
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy		c. CITY OR TOWN Silex	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County		d. STREET ADDRESS (If outside, give location) RFD	
Length of stay in lb 5 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BERNARD JOSEPH KUNZA			4. DATE OF DEATH Month Day Year April 4 1959
5. SEX Male	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 Aug 21, 1919
9. AGE (In years last birthday) 39		10. F UNDER 1 YEAR Months 7 Days 13 Hours 0 Min. 0	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Silex, Missouri
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME William Kunza	
13b. MOTHER'S MAIDEN NAME Anna Hurtak		14. NAME OF HUSBAND OR WIFE Doris M Kunza	
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. +90 14 6893	17. INFORMANT Doris M Kunza, Silex, 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) APLASTIC ANEMIA			INTERVAL BETWEEN ONSET AND DEATH 6 MOS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2924			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 Troy		COUNTY STATE	
21. I attended the deceased from SEPT. 1958 to 4/4/59 and last saw her/him alive on 4/4/59 Death occurred at 1204 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Louis P. Kelley MD</i>		22b. ADDRESS 370E. WOOD TROY, MO.	
22c. DATE SIGNED 4-11-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 6 59	
23c. NAME OF CEMETERY OR CREMATORY St. Alphonus		23d. LOCATION (City, town, or country) (State) Silex (Millwood), Mo.	
24. FUNERAL DIRECTOR J.O. Mudd		ADDRESS Silex, Mo.	
25. DATE RECD. BY LOCAL REG. 4-13-1959		26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 23 1959

STATEMENT BY LICENSED EMBALMER

VS
APR 20 1960

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 James C. Mudd
Licensed Embalmer No. 4152
P. O. Address Bowling Green

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.