

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016454

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 37

APR 28 1959

300
-57

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) Shelbina		c. CITY OR TOWN Shelbina <u>1020</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Clara Murel Kuntz		4. DATE OF DEATH Month April Day 17th Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 5th 1886
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months 6 Days 12	
11. UNDER 24 HRS. Hours 12 Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Housework	
11. BIRTHPLACE (City and state or country) Shelbina Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Hastings		13b. MOTHER'S MAIDEN NAME Juliana Ewing	
14. NAME OF HUSBAND OR WIFE Deceased		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.		17. INFORMANT George Moon	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro vascular accident.		INTERVAL BETWEEN ONSET AND DEATH 1 month	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) generalized arteriosclerosis	
DUE TO (c) age + diabetes mellitus		10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) 331x	
20c. TIME OF INJURY Hour 1:00 a.m. 17 Month, Day, Year 1959		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 Shelbina Mo	
21. I attended the deceased from Jan 1956 to April 17, 1959 and last saw her alive on April 16, 1959 Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Chas A. Pichy MO	
22b. ADDRESS Shelbina Mo		22c. DATE SIGNED 4/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/19/1959	
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) Shelbina Mo	
24. FUNERAL DIRECTOR Barkelaw & Davis Shelbina Mo		25. DATE RECD. BY LOCAL REG. ap 22 1959	
26. REGISTRAR'S SIGNATURE Ada Harrison			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Henry - G. Larkeland
Licensed Embalmer No. 3835-
P. O. Address Shelburne - N.

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.