

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-024697**

**FILED VS AUG 3 1959**

STATE FILE NUMBER

Registration District No. 102 Primary Registration District No. 4282 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Haven</b>		Length of stay in 1b	c. CITY OR TOWN <b>New Haven</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle Last <b>JUNGE</b>			4. DATE OF DEATH Month <b>July</b> Day <b>27</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-11-1881</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>16</b>	IF UNDER 24 HR Hours <b>16</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mill Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Flour Ind</b>		11. BIRTHPLACE (City and state or country) <b>Auxhaven Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>William Junge</b>		13b. MOTHER'S MAIDEN NAME <b>Don't know</b>		14. NAME OF HUSBAND OR WIFE <b>Ella Junge</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-07-3595</b>	17. INFORMANT Address <b>Mr. Karl Junge St. Clair Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Presumptive acute myocardial infarction</b> Died suddenly		INTERVAL BETWEEN ONSET AND DEATH
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 **Died suddenly** to \_\_\_\_\_ and last saw her/him alive on **7/27/59**  
Death occurred at **3:10 (estimated)** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>B. P. Eismann</b> M.D.		22b. ADDRESS <b>New Haven, Mo.</b>	22c. DATE SIGNED <b>7/29/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-30-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters E. &amp; R. New Haven Mo.</b>	23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR <b>L. C. Fertig &amp; Son New Haven Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7/30/1959</b>	26. REGISTRAR'S SIGNATURE <b>Nattie Murphy</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edw. C. Dexter

Licensed Embalmer No. 338

P. O. Address New Haven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.