

UNRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034006

FILED VS OCT 8 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 8736** STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>			Length of stay in 1b		c. CITY OR TOWN <b>Dupo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>St Louis Little Rock Hosp Inc</b> INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>517 So Main</b>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>George</b> Last <b>Kuni</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>21</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 23 03</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Columbia Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Charles KUNI</b>		13b. MOTHER'S MAIDEN NAME <b>Susan DAAB</b>	
14. NAME OF HUSBAND OR WIFE <b>Edna</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>355,09,2894</b>	
17. INFORMANT <b>Mrs Edna Kuni Dupo, Illinois</b>		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>Pulmonary Infarct</b> DUE TO (b) <b>Pulmonary Embolism</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>9 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Splenomegaly</b>			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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>Sept 9, 1959</b> to <b>Sept 21, 1959</b> and last saw <sup>her</sup> him alive on <b>Sept 21 1959</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Re Greeman</i> (Degree or title)			22b. ADDRESS <b>1755 So Grand</b>		22c. DATE SIGNED <b>9/21/59</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>9/22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul</b>		23d. LOCATION (City, town, or county) (State) <b>Columbia, Illinois</b>	
24. FUNERAL DIRECTOR <b>Harold A. Dashner</b> ADDRESS <b>Dupo, Illinois</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 22 1959</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed

*Harold A. Mackey*

Licensed Embalmer No.

*4621*

P. O. Address

*Dr. J. H. Brown*

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.