

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-038767
STATE FILE NUMBER

FILED VS NOV 16 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 333

V. S. 300
Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>EDINA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMM NURSING HOME</u>			d. STREET ADDRESS (If outside, give location) <u>6520</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CHRIS</u> Middle <u>E</u> Last <u>HUNOLT</u>			4. DATE OF DEATH Month <u>11</u> Day <u>3</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7/13/1867</u>		9. AGE (In years last birthday) <u>92</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agency</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (City and state or country) <u>Edina Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ANTONE HUNOLT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GLAHN</u>	
14. NAME OF HUSBAND OR WIFE <u>Carrie (Bischoff) Hunolt</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>4200</u>	
17. INFORMANT <u>Mr. E. Schofield</u>		Address <u>Edina Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> 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.) <u>4200</u>	
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 <u>Edina</u>		COUNTY <u>Knox</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>Sept 1, 1959</u> to <u>Nov 3, 1959</u> and last saw him alive on <u>October 10, 1959</u> Death occurred at <u>7:10 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>William F. Kuyper, M.D.</u>		22b. ADDRESS <u>Kirkville, Mo.</u>		22c. DATE SIGNED <u>11/6/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 5, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Catholic Cem & Edina Missouri</u>	
23d. LOCATION (City, town, or county) <u>Edina Missouri</u>		24. FUNERAL DIRECTOR <u>Pieghausen Bros, Edina Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-10-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Doris W. Radliff</u>		(Licensed Embalmer's Statement on Reverse Side)			

5350

William F. BERGEN, D.O.

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 *Paul C. Krieghauser*

Licensed Embalmer No. *4085*

P. O. Address *Edina 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.