

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =60-026505

FILED VS AUG 1 1960 / 28

Primary Registration District No. 2000

Registrar's No. 813

STATE FILE NUMBER

|  |   |  |                                       |  |   |
|--|---|--|---------------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Greene</b>   |                                       |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>  |   | Length of stay in 1b<br><b>D.O.A.</b>  |                                       | c. CITY OR TOWN <b>Rural</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>D.O.A. Burge Hospital</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                       | d. STREET ADDRESS (If outside, give location)<br><b>Rt. 11, Springfield</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br><b>GEORGE</b>   |   | First <b>A.</b>  |                                       | Last <b>KUNZLER</b>  |   |
| 4. DATE OF DEATH<br><b>July 26, 1960</b>   |   | Month  |                                       | Day Year   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><b>11/24/1896</b> | 9. AGE (last birthday)<br><b>63</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Gen. farming</b>   |                                       | 11. BIRTHPLACE (City and state or country)<br><b>Sedalia, Missouri</b>   |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>James D. Kunzler</b>  |                                       | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Ava Kunzler</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No None</b>   |                                       | 16. SOCIAL SECURITY NO.<br><b>07-07-6576</b>   |   |
| 17. INFORMANT<br><b>Ava Kunzler, R.F.D. #11, Springfield, Mo.</b>  |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) |                                       | INTERVAL BETWEEN ONSET AND DEATH<br><b>Immediate</b>   |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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>Nov 23, 1916</b> to <b>7-26-60</b> and last saw <sup>her</sup> him alive on <b>11-13-58</b><br>Death occurred at <b>9:00 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |                                       |  |   |
| 22a. SIGNATURE<br><i>John W. ...</i>   |   | (Degree or title)  |                                       | 22b. ADDRESS<br><b>Springfield, Mo</b>   |   |
| 22c. DATE SIGNED<br><b>7/28/60</b>   |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                       | 23b. DATE<br><b>7/28/60</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Robberson Prairie</b>   |   | 23d. LOCATION (City, town, or county)<br><b>Greene County, Missouri</b>  |                                       |  |   |
| 24. FUNERAL DIRECTOR<br><b>Ralph Thieme, Springfield, Missouri</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-29-60</b>   |                                       | 26. REGISTRAR'S SIGNATURE<br><i>Effie S. Meeter</i>  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 1 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

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

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

Signed Harold Futs

Licensed Embalmer No. 507

P. O. Address Spfld, Y

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.