

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041778

FILED VS. NOV 28 1960

137

Primary Registration District No.

Registrar's No.

295

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<i>At Home, Henry Co</i>	a. STATE	<i>Mo</i> b. COUNTY <i>Henry</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<i>Bugard</i>	c. CITY OR TOWN	<i>Brighton Mo.</i>
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)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
<i>Edward</i>	<i>C</i>		<i>Kunard</i>		<i>11</i>	<i>23-</i>	<i>1960</i>
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
<i>male</i>	<i>white</i>		<i>7-9-1898</i>	<i>62</i>	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY				
	<i>Farmer</i>	<i>Rawnee, Ill.</i>	<i>U.S.A.</i>				

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<i>Edward Kunard</i>	<i>Louise Schwaln</i>	<i>Amanda</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
	<i>449-07-2866</i>	<i>Amanda Kunard</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <i>Anaplastic carcinoma of right lung</i>	<i>11 mon.</i>
Conditions, if any, which gave rise to above cause (a), starting 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

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	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 *12-10-59* to *11-23-60* and last saw her/him alive on *11-23-60*  
 Death occurred at *Approx 4:45 p* m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<i>W. W. Bredshaw, M.D.</i>	<i>114 N. Jefferson</i>	<i>11-25-60</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
	<i>Nov 26 60</i>	<i>Lutheran Cemetery</i>
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<i>Brown &amp; Graham</i>	<i>Nov. 25, 1960</i>	<i>Mildred Bigum</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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed R. R. Kenney

Licensed Embalmer No. 309

P. O. Address Clinton

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