

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008286

STATE FILE NUMBER

AMENDED

Registration District No. 118 Primary Registration District No. 4190 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bland</u>		Length of stay in 1b <u>5 yrs</u>	c. CITY OR TOWN <u>Bland</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>AT home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>AT home</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Joise Sophia Bunge</u>			4. DATE OF DEATH Month Day Year <u>April 2 - 1961</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Oct 6 - 1888</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Gasconade County - Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John V. Vaide</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Horstman</u>	14. NAME OF HUSBAND OR WIFE <u>(deceased)</u>
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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>none</u>	17. INFORMANT <u>William Bunge, Columbia - Mo</u>
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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) <u>CARDIAC ARREST</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>CARDIAC ANNOXIA</u>		<u>1 hr</u>
DUE TO (c) <u>CORONARY OCCLUSION</u>		<u>1 hr</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced Age - Diabetes</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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
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21. I attended the deceased from June 6 1959, to Apr 2, 1961 and last saw her ^{her} alive on Apr 2 - 1961
Death occurred at 4:37 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm Fedler D.O.</u> (Degree or title)	22b. ADDRESS <u>Bland Mo</u>	22c. DATE SIGNED <u>4/3/61</u> (State)
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23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>April 6 - 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Bland Cemetery</u>	23d. LOCATION (City, town, or county) <u>Bland - Mo</u>
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24. FUNERAL DIRECTOR <u>Chas. J. Sasser</u> ADDRESS <u>Bland - Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 6, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Maurine Jappeneau</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

DEC 20 1961

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 Cherter Lassman

Licensed Embalmer No. 4178

P. O. Address Blond - n

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.