

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031832

STATE FILE NUMBER

AMENDED

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 24  
 FILED OCT 9 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BENTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BENTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cole CAMP</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Cole CAMP</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cole CAMP, MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Cole CAMP, MO.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>CLEO PAUL JUNGE</b>			4. DATE OF DEATH Month Day Year <b>SEPT. 28 1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 12, 1900</b>
9. AGE (last birthday) <b>60 Yrs</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ATTORNEY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LAW</b>	11. BIRTHPLACE (City and state or country) <b>COLE CAMP, MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>CLAUSS HERMAN JUNGE</b>	13b. MOTHER'S MAIDEN NAME <b>CAROLINE MAHNKEN</b>
14. NAME OF HUSBAND OR WIFE <b>PEARL E. JUNGE</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>.....</b>
17. INFORMANT <b>DIANKE STELLING</b>		Address <b>Cole CAMP, MO.</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>MEDULLARY PARALYSIS</b>			INTERVAL BETWEEN ONSET AND DEATH HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>PULMONARY EDEMA</b>			HRS
DUE TO (c) <b>BRAIN TUMOR</b>			Months
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"/> N. <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 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>July 1961</b> to <b>Sept. 1961</b> and last saw her/him alive on <b>Sept. 28</b> Death occurred at <b>9:15 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Arthur Songaleto</b>		22b. ADDRESS <b>Cole Camp, Mo.</b>	22c. DATE SIGNED <b>9-29-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT. 30, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cole CAMP MEMORIAL</b>	23d. LOCATION (City, town, or county) (State) <b>Cole CAMP MO.</b>
24. FUNERAL DIRECTOR <b>CHARLES F. FOX</b>	ADDRESS <b>Cole CAMP, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>10-6-1961</b>	26. REGISTRAR'S SIGNATURE <b>E. L. Rieckhoff</b>

**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 Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Cole Camp, Me

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.