

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005618

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 282 STATE FILE NUMBER

AMENDED

FILED MAR 12 1962

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 60 yrs

c. CITY OR TOWN St. Joseph Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 215 W. Poulin Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ELLEN Middle KUNELS Last KUNELS

4. DATE OF DEATH Month March Day 6 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/23/1886 9. AGE (last birthday) 75

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) At Home 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Pumente Italy 12. CITIZEN OF WHAT COUNTRY Italy

13a. FATHER'S NAME Louis Dorna 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE James Sr. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mrs. Rose Ridgeway Address 2931 Seneca St. St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 2-26-62 to 3-6-62 and last saw her alive on 3-5-62 Death occurred at 10:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D.E. Sklenar (Degree or title) M.D. 22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo. 22c. DATE SIGNED 3-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/8/62 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) St. Joseph Missouri

24. FUNERAL DIRECTOR Stamper Funeral Home ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Mar. 7, 1962 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED _____
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
 INSTead OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____
 ITEM NO. _____

D.E. SKLENAR, M.D.

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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 E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.