

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH :

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041737

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1359 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1962	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> Length of stay in 1b <u>3 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY OR TOWN <u>St. Joseph</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2010 E. Highland St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle _____ Last <u>UNGLES</u>	
4. DATE OF DEATH <u>November 30, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/17/1887</u>
9. AGE (last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and state or country) <u>Maitland, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY- <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Ungles</u>	
13b. MOTHER'S MAIDEN NAME <u>Louisa Heskett</u>	
14. NAME OF HUSBAND OR WIFE <u>Mae Ungles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>nl</u>	
16. SOCIAL SECURITY NO. _____	
17. INFORMANT Address <u>Mrs. Mae Ungles, 2010 E. Highland</u>	
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>BRONCHIA PNEUMONIA</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	
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 <u>NOV. 26, 1962</u> to <u>NOV. 30, 1962</u> and last saw <u>him</u> alive on <u>NOV. 28, 1962</u> Death occurred at <u>1:55</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Name or title) <u>[Signature]</u>	
22b. ADDRESS <u>1302 FANSON</u>	
22c. DATE SIGNED <u>12-4-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12/3/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Oregon, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>James J. Pettigrew Oregon Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Dec 4, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Handell</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

L.H. Pifer, M.D.

VS 300 Rev. 4/59

15117
251172
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9491X
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1290-0
131-0

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 11/30/62

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 James H. Peltier

Licensed Embalmer No. 3192

P. O. Address Oregon 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.