

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000614
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 51

FILED JAN 29 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6168
3169

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

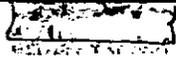
DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> | | Length of stay in 1b <u>15+ Yrs.</u> | c. CITY OR TOWN <u>Cape Girardeau</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>1003 Themis St.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1003 Themis St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>EMIL</u> Middle <u>FREDERICK</u> Last <u>HUNZE</u> | | | 4. DATE OF DEATH Month <u>Jan</u> Day <u>21</u> Year <u>1963</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>Jun 22, 1875</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tinner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet metal</u> | 9. AGE (last birthday) <u>87</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HR: Hours <u> </u> Min. <u> </u> |
| 11a. FATHER'S NAME <u>John Hunze</u> | | 11b. MOTHER'S MAIDEN NAME <u>Hyman</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u> </u> 17. INFORMANT Address <u>Herbert Hunze Knoxville, Tenn</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>10 years</u> |
| 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 - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u> </u> a.m. <u> </u> 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 <u>Cape Girardeau, Missouri</u> | COUNTY <u> </u> STATE <u> </u> |
| 21. I attended the deceased from <u>Jan. 19, 1963</u> to <u>Jan. 21, 1963</u> and last saw her/him alive on <u>Jan. 21, 1963</u> Death occurred at <u>4:10a</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Edward Campbell</u> | | 22b. ADDRESS <u>M.D. Cape Girardeau, Missouri</u> | 22c. DATE SIGNED <u>1-22-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan 23, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cem</u> | 23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, MO.</u> |
| 24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME Illmo, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-23-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Ernest Kasten</u> |



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 Oliver A. Amund

Licensed Embalmer No. 4470

P. O. Address Illms, 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.