

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007177

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 759 STATE FILE NUMBER

FILED FEB 18 1963

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 11 Yrs 6 days

c. CITY OR TOWN Independence Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 2303 1/2 Scott Reside on Farm Yes No

3. NAME OF DECEASED First Frank Middle John Last Yunger

4. DATE OF DEATH Month February Day 2 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 4-4-1899 9. AGE (last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Holyroad, Kansas

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Charles V. Yunger 13b. MOTHER'S MAIDEN NAME Anna Schyzhimek 14. NAME OF HUSBAND OR WIFE Helen Yunger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No

16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Gilbert Yunger R.#1, Box 33, Parkville, Mo Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the lung INTERVAL BETWEEN ONSET AND DEATH 1 yr.

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) Empyema - Broncho pleural fistula

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 _____ a.m. _____ p.m. Month, Day, Year _____

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 1-27-63 to 2-2-63 and last saw him alive on 2-1-63

Death occurred at 10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S. Mosser MD (Degree or title) 22b. ADDRESS Independence, Mo 22c. DATE SIGNED 2/3/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-4-63 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) Kansas City, Missouri (State)

24. FUNERAL DIRECTOR HARRY BUTLER ADDRESS 2100 E. Russell Rd. 25. DATE RECD. BY LOCAL REG. 2-4-63 26. REGISTRAR'S SIGNATURE Ruth Long

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF Robert S. Mosser MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 C. Ray Luderbach

Licensed Embalmer No. 5027

P. O. Address Kansas City, Kans.

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.

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