

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37066**

NOV DEC 4 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **559**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 309 E. Grandview	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED (Type or Print) Henry Clement Kunkler			4. DATE OF DEATH (Month) (Day) (Year) 11-28-1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 8-20-1873		9. AGE (In years; last birthday) 78		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Kunkler		13b. MOTHER'S MAIDEN NAME Nancy V. Grove		14. NAME OF HUSBAND OR WIFE Cora Kunkler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 496-10-7696		17. INFORMANT'S SIGNATURE OR NAME Clifford Kunkler ADDRESS Clinton Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intentional abet		INTERVAL BETWEEN ONSET AND DEATH 4 da	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5705	

22. I hereby certify that I attended the deceased from **Nov 24, 1951**, to **Nov 28, 1951**, that I last saw the deceased alive on **Nov 28, 1951**, and that death occurred at **4 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. S. Kunkler, M.D. (Degree or title)		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 11-29-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-30-1951		24c. NAME OF CEMETERY OR CREMATORY Englewood cemetery		24d. LOCATION (City, town, or county) (State) Clinton Mo	
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DATE REC'D BY LOCAL REG Nov-30-51		REGISTRAR'S SIGNATURE Florence Adair		5. FUNERAL DIRECTOR'S SIGNATURE Sickman-Punning ADDRESS Clinton Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 3 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 3 1951

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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4760

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.