

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0047262

Registration District No. 072 Primary Registration District No. 1000 Registrar's No. 1502 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 8 1968	
1. PLACE OF DEATH	
a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	a. STATE Missouri b. COUNTY Saline
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2	c. CITY OR TOWN Gilliam Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Eli	Middle Albert
Last Unger	4. DATE OF DEATH Month December Day 29 Year 1967
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-20-1886
9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman	10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co.
11. BIRTHPLACE (City and state or country) Jackson, Missouri	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME William L. Unger	13b. MOTHER'S MAIDEN NAME Melvinia Unk
14. NAME OF HUSBAND OR WIFE Lenora Unger	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. 495-10-8244	17. INFORMANT Gilbert Unger, Glasgow, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Bronchopneumonia	
DUE TO (b) Arteriosclerotic Heart Disease	
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 checked="" 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 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 Dec 29-1967 to Dec 29, 1967 and last saw him alive on Dec 29-1967 . Death occurred at 7:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) H F Mundy M.D.	22b. ADDRESS St Joseph Mo.
22c. DATE SIGNED Dec 29-1967	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 31, 1967
23c. NAME OF CEMETERY OR CREMATORY Gilliam Cemetery	23d. LOCATION (City, town, or county) Gilliam, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc., St. Joseph, Mo. 1-3-68	25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Mary Vollintine

DATE AMENDED
2
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
H. F. Mundy MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300 Rev. 4/59
1 5117
2 0970
3
4 0
5 1
6
7 0
8 2
9 4200
10
11
12 03-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

JAN 18 1968

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 Raymond A. Hooy

Licensed Embalmer No. 5147

P. O. Address St. Joseph's

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.