

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012814
STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 21

300
-57 1

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boss Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Flat River</u> 09420 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>home of daughter</u>		Length of stay in lb <u>6 days</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Frederick Wilhelm Wunning</u>			4. DATE OF DEATH Month Day Year <u>April 16 1959</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 18, 1878</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general mining duties (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead</u>	11. BIRTHPLACE (City and state or country) <u>St. Genevieve Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>Frederick Wunning</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Roth</u>	14. NAME OF HUSBAND OR WIFE <u>Della Strong</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no., or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>493-05-0045</u>	17. INFORMANT <u>Mrs. Lee Landolt Cantwell</u>	Address <u>Missouri</u>
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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>Arterio Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio Sclerosis</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 0

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>Oct 28-58</u> to <u>4-16-59</u> and last saw her ^{him} alive on <u>4-8-59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree of title) <u>C.H. Appleberry MD</u>	22b. ADDRESS <u>Revermin, Mo</u>	22c. DATE SIGNED <u>4-18-59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>St. Francois County Missouri</u>
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24. FUNERAL DIRECTOR <u>Hood Funeral Home</u>	ADDRESS <u>Flat River, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4/23/59</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by A.M.</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Paul R. DeAngelis*

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.