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FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 275
Registrar's No. 15

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>440 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Alvah L. Kunkel</u>			4. DATE OF DEATH <u>Jan. 7 1954</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 15 1869</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days		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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Holt County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Franklin Kunkel</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Chester</u>		14. NAME OF HUSBAND OR WIFE <u>Sue Ellen Kunkel</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lafe Kunkel</u>		ADDRESS <u>New Point Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>							<u>30.min.</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (b) <u>Auricular fibrillation and, fairly recent coronary infarction</u>				?	
			DUE TO (c) <u>Arteriosclerotic heart disease</u>				?	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<u>Embolism from left auricle to brain</u>				<u>3 days prior</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 7/6/51, 1951, to 7/7/51, 1951, that I last saw the deceased alive on 7/7/51, 1951, and that death occurred at 5:25 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. R. Howden M.D.</u> (Degree or title)		23b. ADDRESS <u>410 Kirkpatrick Bldg City</u>		23c. DATE SIGNED <u>7/11/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 10 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Point</u>		24d. LOCATION (City, town, or county) (State) <u>New Point Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 11 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pittzahn</u>		ADDRESS <u>Oregon Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

James H. Pettyjohn

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.