

STANDARD CERTIFICATE OF DEATH

State File No. **4465**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN Washington		c. CITY OR TOWN Union	
c. LENGTH OF STAY (in this place) 2 Wk		d. STREET ADDRESS (If rural, give location) State Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Columbus	b. (Middle) L	c. (Last) Cunio	4. DATE OF DEATH (Month) (Day) (Year) Feb 16, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1873
9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian	10b. KIND OF BUSINESS OR INDUSTRY County Court	11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY USA			

13a. FATHER'S NAME Mario Cunio	13b. MOTHER'S MAIDEN NAME Mary A Phillips	14. NAME OF HUSBAND OR WIFE Carrie Cunio
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Carrie Cunio	ADDRESS Union, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized acute peritonitis	DUE TO (b) Wound dissection (Post-operative)	24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) followed cholecystectomy 2/8/54		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic cholecystitis and cholangitis		586X

19a. DATE OF OPERATION 2/8/54	19b. MAJOR FINDINGS OF OPERATION. Chronic cholecystitis and cholangitis - biliary obstruction	20. AUTOPSY? YES <input type="checkbox"/> NO <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)
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?

22. I hereby certify that I attended the deceased from **2/5, 1954**, to **Feb 16, 1954**, that I last saw the deceased alive on **2/16, 1954**, and that death occurred at **9:20am.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Stembach, M.D. (Degree or title)	23b. ADDRESS Union, Mo.	23c. DATE SIGNED 2/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Union, Missouri
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DATE REC'D BY LOCAL REG. 2/17/54	REGISTRAR'S SIGNATURE J. E. Sudman	5. FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home, Union	ADDRESS
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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 Harlan V. Johannaber

Licensed Embalmer No. 4488

P. O. Address. Union, 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.

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