

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31778

State File No.

FILED SEP 18 1956

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Route #2 Richmond</u>	c. LENGTH OF STAY (in this place) <u>50 years</u>	c. CITY OR TOWN <u>Richmond Route #2</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles West of Richmond</u>		e. STREET ADDRESS (If rural, give location) <u>3 miles West of Richmond</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>UNGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 9, 1956</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>September 7, 1872</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>28</u>	IF UNDER 24 HRS. Hours <u>28</u> Min.
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>General Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Jacob Unger</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie (Deacon) Unger</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Unger</u>	ADDRESS <u>Richmond, Missouri</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u> <u>2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hemorrhage</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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"/>
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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) <u>151X</u>
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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 Feb 4, 1956, to 9/9, 1956, that I last saw the deceased alive on 9-9-1956 and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. E. P. Ruvane A.B. SO</u>	(Degree or title)	23b. ADDRESS <u>Richmond Mo.</u>	23c. DATE SIGNED <u>9/10/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lundy Place</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 12-1956</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>QUEST-LIFE FUNERAL HOME</u>	ADDRESS <u>RICHMOND, MISSOURI per Heaphile</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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Wed 1st Sept.

Oct 9

1956

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 *[Signature]*.....

Licensed Embalmer No. *4066*.....

P. O. Address *[Signature]*.....

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.