THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004832
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 65 Primary Registration District No. Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRUNSWICK — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHARITON
c. CITY OR TOWN BRUNSWICK Mo c. 210 — Inside Limits Yes ☐ No ✓
d. STREET ADDRESS (If outside, give location) 105 N BUTLER — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: ROY. Middle: ROLAND Last: ZUNGS
4. DATE OF DEATH Month Day Year: 2-12-1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-12-1893
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER.
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED.
11. BIRTHPLACE (City and state or country): MARSHALL MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MIKE ZUNG
14. MOTHER'S MAIDEN NAME: ELIZIBETH.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none.
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Roy Zungs — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 90 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4281
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ U
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-12-59 to 2-12-59 and last saw her/him alive on 2/12/59
Death occurred at 10-50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. W. Stuart M.D.
22b. ADDRESS: Brunswick, Mo.
22c. DATE SIGNED: 2/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
23b. DATE: 2-14-1959.
23c. NAME OF CEMETERY OR CREMATORY: DALTON CEMETERY
23d. LOCATION (City, town, or county) (State): DALTON Mo
24. FUNERAL DIRECTOR: L. E. McCurry — ADDRESS: Brunswick Mo.
25. DATE RECD. BY LOCAL REG.: 2-14-59
26. REGISTRAR'S SIGNATURE: Mildred Browne

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. E. McCurry.....

Licensed Embalmer No. 48

P. O. Address Brunsw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.