

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014205

FILED APR 21 1959

Registration District No. 236 Primary Registration District No. 5819 STATE FILE NUMBER 18 Registrar's No.

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-OSAGE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN BARNETT 0710 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi-SO-BARNETT Length of stay in lb 77 yrs		d. STREET ADDRESS (If outside, give location) 1 mi-SO-BARNETT Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle Leonidas- Last PUNYAN			4. DATE OF DEATH Month April- Day 16 Year 1959
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 31 MARCH 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) MORGAN-Co-Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DAVID-PUNYAN	
13b. MOTHER'S MARDEN NAME JANE-LUSTER		14. NAME OF HUSBAND OR WIFE ELEANOR-ORWAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Phibbis-Howser-BARNETT Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema DUE TO (b) Hypertension & cardiac decompensation DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 10 min. 1 yr.
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.) None	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. None		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
20e. CITY, TOWN, OR LOCATION None		20f. COUNTY None STATE _____	
21. I attended the deceased from March 1958 to April 16 1959 and last saw ^{her} him alive on April 10 1959 Death occurred at _____ a. m. of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack Gunn (Degree or title) M.D.		22b. ADDRESS Versailles - Mo	22c. DATE SIGNED 18 April-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial-		23b. DATE 19 April-1959	23c. NAME OF CEMETERY OR CREMATORY Big-Track
23d. LOCATION (City, town, or county) MORGAN-Co-		23e. STATE Mo	
24. FUNERAL DIRECTOR Keith McKays ADDRESS ELDON-Mo		25. DATE RECD. BY LOCAL REG. 4-18-59	26. REGISTRAR'S SIGNATURE J. L. Waller

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL UNUSUAL CAUSES OF DEATH MUST BE CAUSALLY RELATED

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APR 23 1959

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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.