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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 22 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20279

State File No. ....

Registration District No. 257

Primary Registration District No. 5883

Registrar's No. ....

1. PLACE OF DEATH:

(a) County OSAGE

(b) City or town Loose Creek  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 86 yrs (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Loose Creek. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Theresa Marie Muenks

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married; divorced Widow

6. (b) Name of husband or wife Peter Muenks 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Aug 25th, 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Loose Creek, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Piere Buthod

13. Birthplace France  
(City, town, or county) (State or foreign country)

14. Maiden name Lelisia Sage

15. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. L. McCaffrey

(b) Address Moline, Illinois

17. (a) Burial (b) Date thereof 6/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Linn, Mo

19. (a) 6/16/48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th  
year 1948 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from May 17  
48 to May 26, 1948  
that I last saw he alive on May 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coroner - Manual

Due to coronary disease 10 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13/16

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD.  
Address Jefferson City, Mo. Date signed 6-15-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
Health File Number  
JUN 21 1940

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.....

.....  
working under my personal supervision. Registered Apprentice No.....

Signed *Thomas M. Weston*

Licensed Embalmer No. *4125*

P. O. Address. *Levin, 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.