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FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9138

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <i>McDonald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Noel</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Noel</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>LEO.</i> b. (Middle) <i>Orville</i> c. (Last) <i>MUNEA.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 14th 1949</i>		
5. SEX <i>MO</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	
8. DATE OF BIRTH <i>Apr 17th 1905</i>		9. AGE (In years last birthday) <i>43</i>		10. CITIZENSHIP (Specify) <i>U.S.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Dryg.</i>		11. BIRTHPLACE (State or foreign country) <i>Pages, Mo.</i>	

13a. FATHER'S NAME <i>Chas. Munea.</i>		13b. MOTHER'S MAIDEN NAME <i>Flora Bomba</i>		13c. NAME OF HUSBAND OR WIFE <i>Jitella Munea</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Jitella L. Munea</i>	
17. ADDRESS <i>None</i>					

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, asphyxia, 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) <i>Coronary Occlusion</i>		DUPLICATE <i>431</i>				<i>immediate</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE (b) <i>Hypertensive Cardio-renal Disease</i>				<i>July 1944</i>	
DUPLICATE (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <i>Noel McDonald Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>None</i>			

22. I hereby certify that I attended the deceased from *July 14, 1949*, that I last saw the deceased alive on *Jan 13, 1949* and that death occurred at *1:45 P.M.* from the causes and on the date stated above.

23a. SIGNATURE <i>R. E. Karmach, M.D.</i>		23b. ADDRESS <i>Southwest City, Mo.</i>		23c. DATE SIGNED <i>2-16-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>1-16-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Noel</i>	
24d. LOCATION (City, town, or county) (State) <i>Noel McDonald Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D. M. Humphrey</i>		ADDRESS <i>Swanton, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>3-4-49</i>		REGISTRAR'S SIGNATURE <i>Wayne Humphrey</i>		42	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 349-296

Date Filed 3-16-49

JUN 5 1950

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

R.M. Humphrey, Jr.  
working under my personal supervision.

Student Embalmer No. 285

Signed.....  
Student Embalmer

Signed Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Parisville

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.