

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41917

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 33

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Osage</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Loose Creek, Linn</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Loose Creek, Mo</u>   |  |
| c. LENGTH OF STAY (In this place) <u>76 yrs</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Loose Creek</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>  |  |   |  |

|  |             |                         |  |
|--|-------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Katherine</u> | b. (Middle) | c. (Last) <u>Muenks</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec 10th, 1949</u> |
|--|-------------|-------------------------|--|

|                      |                               |   |                                       |   |  |   |
|----------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Aug 1st, 1873</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>9</u> | IF UNDER 24 HRS.<br>Hours <u>0</u> Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|--|---|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Loose Creek, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |
|---|-----------------------------------|---|---|

|                                      |  |  |
|--------------------------------------|--|--|
| 13a. FATHER'S NAME <u>Theo Ehren</u> | 13b. MOTHER'S MAIDEN NAME <u>Eva Krautmann</u> | 14. NAME OF HUSBAND OR WIFE <u>Arnold Muenks</u> |
|--------------------------------------|--|--|

|   |                                     |   |                                |
|---|-------------------------------------|---|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Theo Schaefer</u> | ADDRESS <u>Loose Creek, Mo</u> |
|---|-------------------------------------|---|--------------------------------|

|   |  |               |   |
|---|--|---------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |               | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hrs</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>   |               |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Hemorrhage</u><br>DUE TO (c) |               |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>33 1/2</u> |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 12-8-1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                          |                                  |
|---|--------------------------|----------------------------------|
| 23a. SIGNATURE <u>Norman W. Baldwin, D.O.</u> | 23b. ADDRESS <u>Linn</u> | 23c. DATE SIGNED <u>12/12/49</u> |
|---|--------------------------|----------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/12/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hoose Creek</u> | 24d. LOCATION (City, town, or county) (State) <u>Loose Creek, Mo.</u> |
|---|---------------------------|---|---|

|   |  |  |                          |
|---|--|--|--------------------------|
| DATE REC'D BY LOCAL REG. <u>Dec 12 1949</u> | REGISTRAR'S SIGNATURE <u>Ca. Ows miles</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Boston</u> | ADDRESS <u>Linn, Mo.</u> |
|---|--|--|--------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

2660

District File Number  
District Health Officer No. 9  
RECEIVED  
DEC 20 1919

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 .....  
Student Embalmer

Signed *Vernon M. Norton*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Leino, 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.