

FILED OCT 31 1950

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33991

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington Imp. Rural 05411	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If rural, give locality) Rural 1/2 mile South of Lexington	

3. NAME OF DECEASED a. (First) RUDOLPH b. (Middle) HUGO c. (Last) MUENCH			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1950					
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 17, 1866	9. AGE (In years last birthday) 84	10. MONTHS 7	11. DAYS 7	12. IF UNDER 1 YEAR Hours Min.	13. IF UNDER 1 YEAR 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 Farm owner		11. BIRTHPLACE (State or foreign country) Marthasville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Julius Muench		13b. MOTHER'S MAIDEN NAME Elizabeth Schaff		14. NAME OF HUSBAND OR WIFE Emilie Priok	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Omer Muench, Lexington, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer-prostrate glands		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177X		

19a. DATE OF OPERATION Sept. 21, 1950		19b. MAJOR FINDINGS OF OPERATION Prostatic resection		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) --		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 10/15, 1950, to 10/24, 1950, that I last saw the deceased alive on 10/24, 1950, and that death occurred at 7:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE Ben H. ...		23b. ADDRESS Lexington, Mo.		23c. DATE SIGNED 10/25/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/28/50		24c. NAME OF CEMETERY OR CREMATORY Machpelah	
24d. LOCATION (City, town, or county) Lexington, Mo.		24e. (State)			

DATE REC'D BY LOCAL REG. Oct 28 1950		REGISTRAR'S SIGNATURE Thomas E. Qualtrough		156 GENERAL DIRECTOR'S SIGNATURE Forest F. Tempel, Jr., Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

1547  
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RECEIVED <sup>10/30/57</sup>

*Brashe*

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10/30/57

DEC 1 4 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Geo. McKean*

Licensed Embalmer No. 2983

P. O. Address *Leighton, 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.