

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37656

389  
4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 360

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brookfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b> 0521	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Collins Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>Missouri Ave.</b> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALFRED</b> b. (Middle) <b>*</b> c. (Last) <b>MUNYON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25 1950</b>	
5. SEX <b>male</b> 0	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept. 9 1889</b>
9. AGE (In years last birthday) <b>61</b>		10. IF UNDER 1 YEAR Months <b>2</b> Days <b>16</b>	11. IF UNDER 14 HRS. Hours <b>16</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Minister</b>	11. BIRTHPLACE (State or foreign country) <b>Avilla Missouri</b> 0
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. NAME OF HUSBAND OR WIFE <b>Sarah MyMunyon</b>	
13a. FATHER'S NAME <b>Basil Munyon</b>		13b. MOTHER'S MAIDEN NAME <b>Ma hala Lowry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Willard Munyon</b>		ADDRESS <b>Marceline Mo.</b>	
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, ashenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Arteriosclerosis generalized</b> DUE TO (c) <b>Diabetes mellitus + senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hangrene 3rd toe rt foot</b>	
19a. DATE OF OPERATION _____		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) _____	
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 <b>March 5, 1950, to Nov 25, 1950</b> , that I last saw the deceased alive on <b>Nov 25, 1950</b> , and that death occurred at <b>7 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John R. Johnson</b> (Degree or title)		23b. ADDRESS <b>Brookfield Mo.</b>	
23c. DATE SIGNED <b>11-28-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Nov. 28 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	
24d. LOCATION (City, town, or county) (State) <b>Marceline Mo.</b>		DATE REC'D BY LOCAL REG. <b>12-1-50</b>	
REGISTRAR'S SIGNATURE <b>W.B. Lavin</b> 167		25. FUNERAL DIRECTOR'S SIGNATURE <b>James W. Gray</b> ADDRESS <b>Marceline</b>	

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

no

REC'D  
AUG 26 1952

AUG 14 1952

Date Received: DEC 4 1952  
DISTRICT HEALTH OFFICE  
District File Number 72-52  
Date Filed: DEC 4 1952

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 Francis L. Scheiberg

Licensed Embalmer No. 4513

P. O. Address Marceline 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.