

No. 300
10.48

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 394

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miller</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fulton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>County Home</i>	
c. LENGTH OF STAY (In this place) <i>5 days</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No 1</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Lester</i> c. (Last) <i>Munch</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 3 1951</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<i>Never married</i>		8. DATE OF BIRTH <i>Mar. 14 1891</i>		9. AGE (In years, months, days, or under 1 year) <i>59 9 21</i>	
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <i>Odd jobs</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Jacob S. Munch</i>		13b. MOTHER'S MAIDEN NAME <i>AK</i>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Hospital Records Fulton Mo</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis, Generalized</i>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<i>4500</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., sea)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 *Dec 29, 1950*, to *Jan 3, 1951*, that I last saw the deceased alive on *Jan 2, 1951*, and that death occurred at *2:52 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H.S. Narasick MD by Hank Fulton Mo</i>		23b. ADDRESS <i>Fulton Mo</i>		23c. DATE SIGNED <i>Jan 3 51</i>	
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24a. BURIAL, CREMATION/REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1/7/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Older Springs cemetery Miller County, Missouri</i>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <i>Jan 4-1951</i>		REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>		426 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hedger Funeral Home Fulton, Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 8 1951

RECEIVED

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Walter P. Hedger

Licensed Embalmer No. *4265*

P. O. Address *Perin, Missouri*

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.