

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12373

State File No.

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 4224 Registrar's No. 31

440
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOREST CITY</u>		c. LENGTH OF STAY (in this place) <u>30</u> YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOREST CITY</u>		<u>0440</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED a. (First) <u>ELIZA</u> (Type or Print)			b. (Middle) <u>JANE</u>	c. (Last) <u>MUNYON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20 1951</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 26, 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 15 MIN. Mfn.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>HOLT CO., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SETH STRICKLEN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERT MUNYON</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ED. BURRIER FOREST CITY MO.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>HYPOSTATIC PNEUMONIA</u>				<u>48 Hrs.</u>
ANTECEDENT CAUSES	DUE TO (b) <u>CEREBRAL HEMORRHAGE</u>				<u>2 WKS.</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Dec, 1945, to APR. 20, 1951, that I last saw the deceased alive on APR. 20, 1951, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Carlson, A.B. P.O.</u>		23b. ADDRESS <u>Oregon Mo.</u>	23c. DATE SIGNED <u>APR. 21, 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>OREGON, MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-23-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Oregon Mo</u>
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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 _____

Licensed Embalmer No. 3192

P. O. Address Oregon 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.