

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23404**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **186** PRIMARY REG. DIST. NO. **2001** Registrar's No. **357**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
c. LENGTH OF STAY (In this place) <b>8 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>6111 N. Wall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6111 N. Wall</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Harold</b> c. (Last) <b>Munds</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-31-1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-20-1893</b>	9. AGE (In years last birthday) <b>57</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bureau of Mines</b>		11. BIRTHPLACE (State or foreign country) <b>Flagstaff, Ariz.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John L. Munds</b>	13b. MOTHER'S MAIDEN NAME <b>Francis Willard</b>	14. NAME OF HUSBAND OR WIFE <b>Madge Munds</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <b>Madge Munds</b>		ADDRESS <b>6111 N. Wall</b>

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) <b>CORONARY HEART DISEASE</b>		DUPLICATE		
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	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? <b>NONE</b>

22. I hereby certify that I attended the deceased from **(DID NOT RECEIVE TREATMENT DUE TO RELIGIOUS FAITH)** alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Walter M. Brown</b> (Degree or title) <b>3</b>	23b. ADDRESS <b>Joplin, Mo.</b>	23c. DATE SIGNED <b>8-1-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-3-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Prescott Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Prescott, Ariz.</b>		

DATE REC'D BY LOCAL REG. <b>8-6-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Steve Parker Mortuary, Joplin, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 8/9/51  
Jasper County Health Office

County File Number 51-8-632

Date Filed 8/9/51

SEP 4 1951

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.