S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38836

FILED NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4915

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 47 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3231 Prospect Hazelwood Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1927 Walrond 3336

3. NAME OF DECEASED (Type or Print)
a. (First): ELDEN
b. (Middle): JACKSON
c. (Last): MUNEA

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 2 1878
9. AGE (In years last birthday): 74 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Munea
13b. MOTHER'S MAIDEN NAME: Marie Dawson
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Bert Munea — ADDRESS: 5529 Chestnut KCMo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition Toxaemia — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Carcinomatosis — about 7 mo.
DUE TO (c) Carcinoma of Sigmoid — Found in April 1952 over 3 yr

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardio Vascular Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 153X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1943, *to* Nov 7, 1952 *that I last saw the deceased alive on* Nov 4, 1952, *and that death occurred at* 3:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Glen H. Broyles MD (Degree or title) — Glen H. Broyles MD
23b. ADDRESS: 1232 Professional Bldg
23c. DATE SIGNED: 11-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. C. L. Forster F.H. — ADDRESS: K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

Proff. Bldg.

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K C 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.