

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9174

State File No. _____

FILED MAR 25 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5889 Registrar's No. 34

6000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fairview R. Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route #1</u> <u>6000</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 miles W. Ex. Springs, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles W. Ex. Springs, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLLIE</u> b. (Middle) <u>JANE</u> c. (Last) <u>MUNKIRS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21, 1953</u>
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>July 22, 1873</u>
9. AGE (In years last birthday) <u>79</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Z.P. Saylor</u>	
13b. MOTHER'S MAIDEN NAME <u>Sallie Madden</u>		14. NAME OF HUSBAND OR WIFE <u>Emmett B. Munkirs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Burson, Ex. Springs, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> <u>years</u> DUE TO (c) <u>arteriosclerosis</u> <u>years</u> II. OTHER SIGNIFICANT CONDITIONS <u>General debility- been confined to bed for 3 years</u>	
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 <u>3/16</u> , 19 <u>53</u> , to <u>3/21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/21</u> , 19 <u>53</u> and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. M. D. Cracken</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>3/21/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/23/53</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Claude Richard Excelsior Springs Mo.</u>	

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.