

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8166**

FILED MAR 30 1954 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> c. CITY OR TOWN <u>Lenox</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Watkins</u>		c. LENGTH OF STAY (in this place) <u>9 months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. STREET ADDRESS (If rural, give location) <u>1 mile West</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edith</u>	b. (Middle) <u>-</u>	c. (Last) <u>Lamunyon</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>25</u> (Year) <u>54</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>married</u>	8. DATE OF BIRTH <u>10/13/92</u>	9. AGE (In years from birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rising City Neb</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Delerne McHenry</u>	13b. MOTHER'S MAIDEN NAME <u>Alice McHenry</u>	14. NAME OF HUSBAND OR WIFE <u>G W Lamunyon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G W Lamunyon</u>	ADDRESS <u>Lenox Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary &amp; cardiac arrest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>cardiovascular renal syndrome</u>		<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>severe arthritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Sept, 1953, to March 25, 1954, that I last saw the deceased alive on March 20, 1954, and that death occurred at 5:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers</u> (Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>Licking, Mo</u>	23c. DATE SIGNED <u>3-26-54</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Circle Mound Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Rising City Neb</u>
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DATE REC'D BY LOCAL REG. <u>3-25-54</u>	REGISTRAR'S SIGNATURE <u>m. m. Hart</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Spitzer</u>	ADDRESS <u>Dallas Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed.....  
*Carl H. Spencer*

Licensed Embalmer No. *232*

P. O. Address *Salmon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.