No. 500
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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. 9803

FILED MAR 23 1954

BIRTH NO. ____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Ellett Memorial Hospital

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

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle):
c. (Last): Munsterman

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1954

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21, 1885
9. AGE (In years last birthday): 68 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fred. Oswald
13b. MOTHER'S MAIDEN NAME: Staupt
14. NAME OF HUSBAND OR WIFE: Joseph.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Joseph Munsterman. **ADDRESS**: Montrose.

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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 5 yrs.
DUE TO (c) Arteriosclerotic Hypertensive C V disease — 10-15 yrs.

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: 443 X
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* January 20, 1954, *to* March 17, 1954, *that I last saw the deceased alive on* March 17, 1954, *and that death occurred at* 4:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Schelman, MD.
23b. ADDRESS: Appleton City, Mo.
23c. DATE SIGNED: Mar 17 '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 20 Mar 1954
24c. NAME OF CEMETERY OR CREMATORY: Montrose Catholic Cem
24d. LOCATION (City, town, or county) (State): Montrose Mo

DATE REC'D BY LOCAL REG.: Mar. 20-54
REGISTRAR'S SIGNATURE: Cleo Abney 285
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Sickman-Dunning Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

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. ~~4710~~ working under my personal supervision.

Student .....
Student Embalmer

Signed Robert L Dunn

Licensed Embalmer No. 4710

P. O. Address Clinton Mo

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

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