No. 300
10.48

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

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26485

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 319

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Gireardeau
c. LENGTH OF STAY (In this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Southeast Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Pulaski
c. CITY OR TOWN: Mound City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 225 High

3. NAME OF DECEASED (Type or Print): a. (First) Claude b. (Middle) Allen c. (Last) Munsell

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 54

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Sept 25, 1894
9. AGE (In years last birthday): 59 — 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): sand blaster
10b. KIND OF BUSINESS OR INDUSTRY: shipbuilding
11. BIRTHPLACE (City and State or Foreign Country): Bardwell, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Munsell
13b. MOTHER'S MAIDEN NAME: Alice Lee
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: Mildred Guy — ADDRESS: Mound City, Ill.

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) Carcinoma of Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3-6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of Prostate — 6 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 157X
20. AUTOPSY? YES [X] 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* 8-7-, 1954, *to* 8-21-, 1954, *that I last saw the deceased alive on* 8-21, 1954, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul B Nussbaum (Degree or title) M.D.
23b. ADDRESS: Cape Girardeau Mo.
23c. DATE SIGNED: 8-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 24, 1954
24c. NAME OF CEMETERY OR CREMATORY: Bardwell
24d. LOCATION (City, town, or county) (State): Bardwell, Kentucky

DATE REC'D BY LOCAL REG.: 8-26-54
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Earl W. Alstat — ADDRESS: Mound City, Ill

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 356

P. O. Address Cape G

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.