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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 2 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 312

1. PLACE OF DEATH
a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Sullivan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville

c. LENGTH OF STAY (in this place) 3 days

c. CITY OR TOWN Green Castle

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital

e. STREET ADDRESS (If rural, give location) 15 mi SE Green City 1050

3. NAME OF DECEASED
a. (First) Beulah b. (Middle) Lillian c. (Last) Munns

4. DATE OF DEATH (Month) (Day) (Year) October 20, 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct. 2, 1899

9. AGE (in years last birthday) 56
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 2 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) Green Castle, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ross Greenstreet

13b. MOTHER'S MAIDEN NAME Della Moffat

14. NAME OF HUSBAND OR WIFE George W. Munns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Munns, Green Castle, Mo.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c) 4201
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH
6 days
6 days
3 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Minute)

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 Oct 17, 1955, to Oct 20, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.

23b. ADDRESS Kirkville, Mo.

23c. DATE SIGNED 10-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/25/1955

24c. NAME OF CEMETERY OR CREMATORY Price Cemetery

24d. LOCATION (City, town, or county) (State) Linn County, Mo.

DATE REC'D BY LOCAL REG. 10-25-55

REGISTRAR'S SIGNATURE Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Hart & Son, Green City, Mo.

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

JAN 20 1949

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 *Harold R. Lent*

Licensed Embalmer No. *468*

P. O. Address *Green Co*

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.