

FILED JAN 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 712

BIRTH NO.		REG. DIST. NO. 74		PRIMARY REG. DIST. NO. 4136		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>		0250	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South St.</u>				d. STREET ADDRESS (If rural, give location) <u>South St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Hettie</u>		b. (Middle) <u>Letitia</u>		c. (Last) <u>Munsell</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>JAN 12 1956</u>							
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>NOV 20 1878</u>	
9. AGE (in years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 HRS. Days <u>22</u>		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Edgerton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Hizzy Bledsoe</u>		14. NAME OF HUSBAND OR WIFE <u>Jeppha Munsell</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>Jeppha Munsell Plattsburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polyarthrititis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
		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. <u>725X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>Jan 11, 1952</u> to <u>Jan 12, 1956</u> , that I last saw the deceased alive on <u>Jan 11, 1956</u> , and that death occurred at <u>5:14 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Spalding M.D.</u>				23b. ADDRESS <u>Plattsburg Mo.</u>		23c. DATE SIGNED <u>Jan 12 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-14-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13-56</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seared</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Lyon</u>		ADDRESS <u>Plattsburg Mo.</u>	

(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

Phillips E. Cox

Student Embalmer No.

518

working under my personal supervision.

Student

Phillips E. Cox
Student Embalmer

Signed

Daniel D. Lyon

Licensed Embalmer No.

3640

P. O. Address

Plattsburg, N.Y.

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

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