

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40446

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Kirkville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 E. Illinois St.		d. STREET ADDRESS 115 E. Illinois St.	

3. NAME OF DECEASED (Type or print) First W. Middle E. Last Munn			4. DATE OF DEATH Month Dec. Day 28, Year 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27, 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 00 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10b. KIND OF BUSINESS OR INDUSTRY Medicine	11. BIRTHPLACE (City and state or country) Adair County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Allen Munn			14. MOTHER'S MAIDEN NAME Rosa Teft		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Hazel Graves, Kirkville, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis acute DUE TO (b) Influenza DUE TO (c) _____ Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 483x	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION Kirkville, Mo.	COUNTY _____ STATE _____

21. I attended the deceased from **Dec. 1940** to **Dec. 28-56** and last saw **him** alive on **Dec. 28-56**
Death occurred at **1:30 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) RO Stucklen MD	22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 12-31-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/31/56	23c. NAME OF CEMETERY OR CREMATORY Pratt Cemetery	23d. LOCATION (City, town, or county) Adair County, Mo.
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24. FUNERAL DIRECTOR Paul M. [Signature]	ADDRESS Kirkville, Mo.	25. DATE RECD. BY LOCAL REG. 1-2-57	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George W. Davel*.....

Licensed Embalmer No. *47*

P. O. Address *Durham*.....

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