

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **20449**

No. 300  
10-48

**FILED JUL 2 - 1957** BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **61**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Clinton</b>		--a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAMERON</b>	c. LENGTH OF STAY (in this place) <b>2 wks.</b>	c. CITY OR TOWN <b>CAMERON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cameron Community Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4 miles South East.</b>	
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <b>John</b> b. (Middle) <b>Dabney</b> c. (Last) <b>MUNSON</b>		<b>JUNE 25 - 57</b>	
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married.</b>	<b>8. DATE OF BIRTH</b> <b>July 17 1897</b>
<b>9. AGE</b> (In years last birthday) <b>59 yr.</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>SELF</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Caldwell-County-MO.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>	

<b>13a. FATHER'S NAME</b> <b>TUNIS MUNSON</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>FANNIE ELLIS</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>HALLIE MUNSON</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>yes</b> (If yes, give year or dates of service) <b>World War I</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>RR Munson</b>		<b>ADDRESS</b> <b>Cameron Mo</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		<b>13 days</b>
		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.				

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from May 15, 1955, to June 25, 1957, that I last saw the deceased alive on June 25, 1957, and that death occurred at 10:20 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Dr. J. Kunes</b> (Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>Cameron, Mo</b>	<b>23c. DATE SIGNED</b> <b>6-27-57</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 27-57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Grantland</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Cameron MO.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-27-57</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Francis Crawford</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Poland Funeral Home</b>		<b>ADDRESS</b> <b>Cameron Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

531

AUG 5 1957

1951 I.F.H.

AUG 1 1957

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 *Robert J. Poland*

Licensed Embalmer No. *4222*  
*222 West 3rd*  
P. O. Address *Common*

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.