

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35290**

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Dent.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (In this place) <u>-</u>	c. CITY OR TOWN <u>Salem</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - West Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>West Salem</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gennetta</u> b. (Middle) <u>-</u> c. (Last) <u>Mounce</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 17-57</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>October 16</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>8</u> Min. <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Allen Mounce</u>	13b. MOTHER'S MAIDEN NAME <u>Reba Plank</u>	14. NAME OF HUSBAND OR WIFE <u>XX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Allen Plank</u>	ADDRESS <u>Salem Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Deformities at Birth (Head)</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>7593</u>
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:20 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nathan B. Powell, M.D. Coroner</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>10-17-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-18-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Dent. Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/17/57</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. L.P.P.M.</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>Carl D. Spencer</u>	ADDRESS <u>Salem Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

538

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 *Carl D. Spinner*.....

Licensed Embalmer No. *2370*.....

P. O. Address *John M. ...*.....

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.