

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014290

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 38

100
-57

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOOSE CREEK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LOOSE CREEK <u>0760</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) AT HOME Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALOYS Middle PETER Last MUENKS			4. DATE OF DEATH Month MAY Day 5 Year 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25 1959	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 7 Day 10	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hatchery	10b. KIND OF BUSINESS OR INDUSTRY Turkey Hatchery	11. BIRTHPLACE (City and state or country) Loose Creek Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Muenks	13b. MOTHER'S MAIDEN NAME Christene Knorr	14. NAME OF HUSBAND OR WIFE Alma (Porting) Muenks
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 498-09-6927	17. INFORMANT Mrs A.P. Muenks	Address Loose Creek 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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Insufficiency	
	DUE TO (c) Arteriosclerotic Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Loose Creek	COUNTY Mo	STATE Mo
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21. I attended the deceased from 1-15-59 to 5-5-59 and last saw ^{her} him alive on 3-4-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. A. W. Baldwin D.O. (Degree or title)	22b. ADDRESS Linn	22c. DATE SIGNED 5/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/9/59	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	23d. LOCATION (City, town, or county) (State) Loose Creek Mo
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24. FUNERAL DIRECTOR Clyde Morton	ADDRESS Linn Mo	25. DATE RECD. BY LOCAL REG. 5/5/59	26. REGISTRAR'S SIGNATURE Mrs. Clyde Morton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All deaths in Part I must be causally related.

4125

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 *Vernon Morton*

Licensed Embalmer No. *4125*

P. O. Address *Levin MA*

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.