

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014597
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 174

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Columbia 01000
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospt. #4		Length of stay in lb 2Y; 11M; 6das.	d. STREET ADDRESS (If outside, give location) Route 6
3. NAME OF DECEASED (Type or print) First FRANK Middle B. Last MUNDWILLER		4. DATE OF DEATH Month April Day 22 Year 1959	
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 Jan. 24, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentry		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Herman, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gustave Mundwiller		13b. MOTHER'S MAIDEN NAME Barbara Schuster	
14. NAME OF HUSBAND OR WIFE Eva Mae Driskill		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. Unknown		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary thrombosis			INTERVAL BETWEEN ONSET AND DEATH Abt. 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute left heart failure			Abt. 30 hrs.
DUE TO (c) Arteriosclerotic Heart Disease			Unknown.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with cerebral arteriosclerosis.			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.)	
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	COUNTY STATE
21. I attended the deceased from May 16, 1956 to April 22, 1959 and last saw her ^{him} alive on April 22, 1959 Death occurred at 9:25 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John P. Brennan, M.D.</i>		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 4-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) Columbia, Missouri
24. FUNERAL DIRECTOR Parker Funeral Home, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. May 6, 1959	26. REGISTRAR'S SIGNATURE <i>Cather Rudloff</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

