

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017220  
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 100 Primary Registration District No. Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Watkins Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Watkins Twp. Rural</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>13 mi. West on D road</b>		Length of stay in lb <b>15-yrs</b>	d. STREET ADDRESS (If outside, give location) <b>13 mi west on D road</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Asa</b> Last <b>LaMunyon</b>			4. DATE OF DEATH Month <b>June</b> Day <b>11</b> Year <b>59</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 5-1886</b>
9. AGE (In years at birthday) <b>73</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Rising City Nebraska</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Weston W. LaMunyon</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Lamunyon</b>		14. NAME OF HUSBAND OR WIFE <b>Isabell Lamunyon</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <b>No None</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Isabell LaMunyon</b> Address <b>Lenox Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Stomach</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
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 <b>9-20-1952</b> to <b>6-11-59</b> and last saw her alive on <b>6-6-59</b> Death occurred at <b>June 11, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl K. Spencer</i> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Salem, Missouri</b>	22c. DATE SIGNED <b>6-12-59</b>
23a. BURIAL CREMATION, REINTERMENT (Specify)	23b. DATE <b>6-13-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rising City</b>	23d. LOCATION (City, town, or county) (State) <b>Rising City Nebraska</b>
24. FUNERAL DIRECTOR <b>Carl K. Spencer</b> ADDRESS <b>Salem Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6/12/59</b>	26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D. by Ann</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

0861 8 6

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 H. Janner* .....

Licensed Embalmer No. *2370* .....  
P. O. Address *St. Louis, Mo.* .....

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.