

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025629

FILED VS JUL 3 0 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 360

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 46 years		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1926 Picher			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle Elisabeth Last Muenning				4. DATE OF DEATH Month July Day 11 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-20-1874	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Erczbach, Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Peter Keil			13b. MOTHER'S MAIDEN NAME Elisabeth Schmitt			14. NAME OF HUSBAND OR WIFE Peter Muenning	
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. 491-01-3289D		17. INFORMANT Address Elisabeth Muenning Joplin, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH 1 day DUE TO (b) Decompensated Acute Coronary Pulmonala 5 day DUE TO (c) Lobar Pneumonia. 13 day PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
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"/> None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None	20d. INJURY OCCURRED WHILE AT WORK <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 Joplin		COUNTY STATE
21. I attended the deceased from February 17, 1958 to 7-11-59 and last saw her alive on 7-11-59 Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. E. Stephens, D.O.				22b. ADDRESS 211 W. 20th Joplin, Mo.			22c. DATE SIGNED 7-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		23d. LOCATION (City, town, or county) (State) Joplin, Missouri			
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Joplin, Missouri			25. DATE RECD. BY LOCAL REG. 7-25-1959		26. REGISTRAR'S SIGNATURE Noora Merriam		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert C. Hall

Licensed Embalmer No. 5062

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.