

FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
 NATIONAL CENTER FOR HEALTH STATISTICS
 NATIONAL VITAL STATISTICS SYSTEM
 STATE OF MISSOURI
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL RECORDS

FILED VS JAN 20 1960

60-002098
 STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5570 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Jackson <i>Ft. Osage Twp.</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Atherton Length of stay in 1b 36 yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. # 1, Atherton, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Atherton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Route # 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last MARGARITO H. MUNOS				4. DATE OF DEATH Month Day Year January 11, 1960			
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 10-23-1903	9. AGE (last birthday) 56	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) Section Hand		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe Railroa		11. BIRTHPLACE (City and state or country) Mexico City, Mexico		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Manuel Munos			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Delores Munos		
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. 709-18-4294		17. INFORMANT Address Delores Munos, Rt. # 1, Atherton, 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) Coronary Acculsion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Myocardial Infarction 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 type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		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 COUNTY STATE	
21. I attended the deceased from Nov. 4 - 1959 to Jan 11 - 1960 and last saw her alive on Jan 11 - 1960 Death occurred at 3:45 a.m. - 1-11-60 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Typed or Print) J. W. Higgins D.O.				22b. ADDRESS W. 40 Highway & Blue Ridge cutoff		22c. DATE SIGNED 1/11/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-14-60	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Independence, Mo.		
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.			25. DATE RECD. BY LOCAL REG. 1-13-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 2

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

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.