

FILED 13 MAR 17 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-010234

State File No.

BIRTH NO. _____ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. _____ Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>328th U.S.A.F. Hospital</u>		c. LENGTH OF STAY (in this place) <u>2 Hours</u>	c. CITY OR TOWN <u>Kansas City, Mo.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>328th U.S.A.F. Hospital 2</u>		STREET ADDRESS (If rural, give location) <u>1722 Ewing Street</u>	

3. NAME OF DECEASED (Type or Print) <u>Everett</u>		c. (Last) <u>Muncy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 March 1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>29 Jan 1895</u>		9. AGE (in years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Service</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Richards-Gebaur A.F.B.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Springs, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Samuel W. Muncy</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Hallie Vaughn Muncy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No --</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ohmar Muncy 2633 Cyprus, Kansas City, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Hrs</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Extreme Injuries</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Auto Accident</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUBJECT - Automobile</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office, etc.) <u>Highway 150 and 71</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>700 Jackson Missouri</u>	
21d. TIME OF INJURY <u>1130 11 Mar 1960 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>	

22. I hereby certify that I attended the deceased from 2345, 1960, to 0131, 1960 that I last saw the deceased alive on 12 March, 1960, and that death occurred at 0131 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Emerson C. Hunkeler</u>		(Degree or title)		23b. ADDRESS <u>Richards-Gebaur A.F.B., Mo.</u>		23c. DATE SIGNED <u>12 Mar 60</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 15, 1960</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Mar 12 - 1960</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ray Seber</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson & Sons Independence, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS MAY 3 - 1960

1960

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 *Dean W. Hoff*

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 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.