

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014907

FILED VS APR 25 1960 128

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000 Registrar's No. 460 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>GREENE</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Length of stay in 1b	c. CITY OR TOWN <b>SPRINGFIELD</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1319 E. BELMONT</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>J.</b> Last <b>MUNSEY SR.</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>20</b> Year <b>1960</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>1/21/1877</b>	9. AGE (last birthday) <b>83</b>	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) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILWAY CONDUCTOR</b>		11. BIRTHPLACE (City and state or country) <b>ELDON, IOWA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>BRACKETT MUNSEY</b>		13b. MOTHER'S MAIDEN NAME <b>HANNAH WARD</b>		14. NAME OF HUSBAND OR WIFE <b>BLANCHE MUNSEY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>X X</b>		17. INFORMANT Address <b>BLANCHE MUNSEY, SPRINGFIELD, MO.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>1-3 days</b>
IMMEDIATE CAUSE (a)	<b>Acute Myocardial Infarction due to Coronary Occlusion</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	<b>Due to (b) Coronary Occlusion</b>	
DUE TO (c)	<b>Arteriosclerotic Heart Disease</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute Pulmonary Edema</b>		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ 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
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21. I attended the deceased from 4/19/60 to 4/20/60 and last saw <sup>her</sup>him alive on 4/19/60  
Death occurred at 12:55 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Harold H. Lurie, M.D.</b> (Degree or title)	22b. ADDRESS <b>609 Cherry Springfield, Mo.</b>	22c. DATE SIGNED <b>4/20/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>4/21/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>TRENTON, MO.</b>
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24. FUNERAL DIRECTOR <b>H.H. LOHMEYER, SPRINGFIELD, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>4-21-60</b>	26. REGISTRAR'S SIGNATURE <b>Effie E. Melton</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 8 1960

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 H. L. McOm

Licensed Embalmer No. 2727

P. O. Address Springfield

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.