

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029986

FILED VS SEP 14 1960

75 Primary Registration District No. 3015 Registrar's No. 100

STATE FILE NUMBER

NDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Clinton		b. CITY (If outside corporate limits, give TOWNSHIP only) Cameron		a. STATE Mo.		b. COUNTY Clinton	
Length of stay in 1b 8 days		c. CITY OR TOWN Cameron		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Nursing Home				d. STREET ADDRESS (If outside, give location) 313 W. 5th			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MARY		Middle MAUDE		Last MUNSELL		Month Day Year Sept. 7, 1960	
5. SEX female	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Cameron, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David J. Reed			13b. MOTHER'S MAIDEN NAME Rachel Pennington		14. NAME OF HUSBAND OR WIFE O.J. Munsell		
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. none		17. INFORMANT Address Harold Munsell, Cameron, Mo.			
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	
IMMEDIATE CAUSE (a) Cerebral Hemorrhage						19 Days	
DUE TO (b) Arteriosclerosis, Heart Disease						10 yrs	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Hypertrophic Arthritis, Cataracts, Bad Eyes						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 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 s.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 8-11-60 to 9-7-60 and last saw ^{her} him alive on 8-30-60 Death occurred at 11:20 p on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) A. Hetherington M.D.				22b. ADDRESS Cameron, Mo.			22c. DATE SIGNED 9-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-9-1960	23c. NAME OF CEMETERY OR CREMATORY Graceland		23d. LOCATION (City, town, or county) (State) Cameron, Mo.			
24. FUNERAL DIRECTOR ADDRESS Poland Funeral Home, Cameron, Mo.			25. DATE RECD. BY LOCAL REG. Sept 8 1960	26. REGISTRAR'S SIGNATURE Francis D. Crawford			

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 Lawrence J. Noyes

Licensed Embalmer No. 4735

P. O. Address Canaan,

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.