

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042492

FILED VS NOV 22 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 542 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in lb LIFETIME		c. CITY OR TOWN RURAL Shoal Creek Tw		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 4, BOX 226, JOPLIN			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LUCY Middle DYKEMAN Last MUENNIG				4. DATE OF DEATH Month NOVEMBER Day 8 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-1-1876	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 84 Days	IF UNDER 24 HR Hours 84 Min.
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) JOPLIN, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CHARLES W. DYKEMAN			13b. MOTHER'S MAIDEN NAME UNK			14. NAME OF HUSBAND OR WIFE JOHN MUENNIG	
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. UNK		17. INFORMANT Address JOHN MUENNIG, RT. 4, JOPLIN, 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) Myocardial failure. (Chronic myocarditis)						INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerotic Cardiovascular Renal Disease.						Over	
DUE TO (c) Chronic Hepatitis						6 months	
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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 10:17 a.m. Month, Day, Year 12-16-58			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION JOPLIN
20g. COUNTY JASPER			20h. STATE MISSOURI				
21. I attended the deceased from 12-16-58 to 11-8-60 and last saw her/him alive on 11-8-60 Death occurred at 10:17 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Phyllis Star...</i> (Degree or title)				22b. ADDRESS +10 Jackson, Joplin, Mo.		22c. DATE SIGNED 11-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-10-60	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,		23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. 11-16-60		26. REGISTRAR'S SIGNATURE <i>Doyle McCoriam</i>		

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 Harvey E. Arnce

Licensed Embalmer No. 4462

P. O. Address Joplin

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.