

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043121

FILED VS NOV 28 1960

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 152

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Tulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Haynesville</u>		Length of stay in lb <u>5 Hours</u>		c. CITY OR TOWN <u>Rolla</u>		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Haynesville General</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Esther</u> Middle <u>Munro</u> Last <u>Woods</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>16</u> Year <u>1960</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>Oct 21 1878</u>	
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (City and state or country) <u>Watsena, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Harzen C. Munro</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Pearson</u>		14. NAME OF HUSBAND OR WIFE			
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 Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive cerebral vascular accident 4 hours</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sclerosis & arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>							INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		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 <u>April 1945</u> to <u>Nov 16, 60</u> and last saw her alive on <u>Nov 16, 60</u> Death occurred at <u>10:10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE <u>Richard E. Myers MD</u>		(Degree or title)		22b. ADDRESS <u>Newburg, Mo</u>		22c. DATE SIGNED <u>Nov 16, 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-18-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>		23d. LOCATION (city, town, or county) <u>Rolla Mo.</u>	
24. FUNERAL DIRECTOR <u>Lee Johnson</u>		ADDRESS <u>Newburg Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>11-18-60</u>		26. REGISTRAR'S SIGNATURE <u>Gula Ann Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Jill , Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lee Johnson

Licensed Embalmer No. 3394

P. O. Address Newburg, N.C.

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.