MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042286

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. Rural Registrar's No. 1780

FILED DEC 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0390
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 1st. Campbell Twnsp. — Length of stay in 1b: 5 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R.F.D. # 9 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. # 9 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First RANDALL Middle KEITH Last MUNSON

4. DATE OF DEATH: Month Dec. Day 1, Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/15/1951
9. AGE (last birthday): 11 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: Elementary School
11. BIRTHPLACE (City and state or country): Colo. Spgs., Colo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles L. Munson
13b. MOTHER'S MAIDEN NAME: Darlene L. Overbaugh
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Springfield, Missouri. Address: Mr. & Mrs. Ralph Bannigan, RFD #9.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probable Asphyxiation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
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.) He was found in home which was destroyed by fire, His body was severely burned.
20c. TIME OF INJURY: Approx. 8:15 PM Hour a.m. Month, Day, Year: 12/1/1962
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.): Home
20f. CITY, TOWN, OR LOCATION: Springfield, RFD# 9, COUNTY: Greene, STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at Approx. 8:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph H. Thieme (Degree or title) Greene County Coroner
22b. ADDRESS: Springfield, Missouri
22c. DATE SIGNED: 12/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/4/1962
23c. NAME OF CEMETERY OR CREMATORY: Nevada Cemetery
23d. LOCATION (City, town, or county) (State): Nevada, Iowa.

24. FUNERAL DIRECTOR ADDRESS: Springfield, Missouri. Ralph Thieme, 1200 Boonville Ave.
25. DATE RECD. BY LOCAL REG.: 12-4-62
26. REGISTRAR'S SIGNATURE: Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

JAN 15 1963

Permit 12-4-62

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 Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Lapel, 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.